Health and Wellbeing Board

Date: Wednesday 24 May 2023
Time: 1.30 pm
Venue: Committee Room 2, Shire Hall

Membership

Councillor Margaret Bell (Chair)
Councillor Sue Markham
Councillor Jerry Roodhouse
Councillor Isobel Seccombe OBE

Representatives of Borough and District Councils (to be confirmed following their respective Annual Council Meetings)

- North Warwickshire Borough Council representative
- Nuneaton and Bedworth Borough Council representative
- Rugby Borough Council representative
- Stratford-on-Avon District Council representative
- Warwick District Council representative

Items on the agenda: -

1. General

(1) Apologies

(2) Members' Disclosures of Pecuniary and Non-Pecuniary Interests

(3) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 11 January 2023 and Matters Arising 5 - 18

(4) Chair's Announcements

Discussion items

2. Annual Report of Health and Wellbeing Board Strategy 19 - 36
To consider a report outlining the progress made throughout 2022/23 to address each of the Health and Wellbeing Strategy priorities.

3. Accessibility of Health and Care Services 37 - 62

To receive a paper setting out the context for the discussion item on access to services. The item draws together a number of papers which follow on the agenda.

(1) Coventry and Warwickshire Integrated Health and Care Delivery Plan 2023/24 - 2027/28 63 - 70

To receive a report which provides an overview of the context, progress to date and work underway to develop the five-year Coventry and Warwickshire Integrated Health and Care Delivery Plan.

(2) Community Diagnostics Centres: access to diagnostic services 71 - 84

To consider a document detailing Community Diagnostic Centres and access to diagnostic services.

4. Mental Health and Wellbeing of Infants, Children and Young People Joint Strategic Needs Assessment 85 - 254

To receive a report outlining the findings and recommendations arising from the Mental Health and Wellbeing of Infants, Children, and Young People Joint Strategic Needs Assessment (JSNA).

Updates to the Board

5. GP Services Task and Finish Review 255 - 284

To receive the report of the GP Services Task & Finish Group and consider the recommendations made for actions by the Coventry and Warwickshire health system.

6. Better Care Fund - End of Year Report 2022/2023 285 - 296

To receive a report seeking approval of the Better Care Fund 2021/22 end of year report, submitted to the national Better Care Fund Team at NHS England.

7. Local Area SEND Inspection Update 297 - 350

To receive a report updating the Board on the progress made to date to deliver the Written Statement of Action.

Board Management

8. Forward Plan 351 - 352

To consider the future work programme for the Board.

Monica Fogarty
Chief Executive
Warwickshire County Council
Shire Hall, Warwick

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Health and Wellbeing Board

Wednesday 11 January 2023

Minutes

Attendance

Board Members
Warwickshire County Council (WCC)
Councillor Margaret Bell (Chair)
Councillor Jerry Roodhouse
Shade Agboola
Nigel Minns

Provider Trusts
Dame Stella Manzie (University Hospitals Coventry & Warwickshire (UHCW))
Russell Hardy (South Warwickshire NHS Foundation Trust and George Eliot Hospital NHS Trust)
Dianne Whitfield (CWPT)
Danielle Oum (Coventry and Warwickshire Integrated Care System)

Police & Crime Commissioner
Emma Daniell - Deputy PCC

Healthwatch Warwickshire (HWW)
Elizabeth Hancock
Chris Bain

Borough / District Councillors
Councillor Jo Barker (Stratford-on-Avon District Council)
Councillor Marian Humphreys (North Warwickshire Borough Council)
Councillor Judy Falp (Warwick District Council)

Others Present
Councillor John Holland (WCC)
Chris Elliott, Chief Executive Warwick District Council (virtual)
Mannie Ketley, Chief Executive Rugby Borough Council

Officers

Angela Coates, North Warwickshire Borough Council
Jane Coates, Delivery Lead - Change Hub
Paula Jackson, Public Health Consultant
Isher Kehal, Technical Specialist - Wider Determinants of Health
Gemma Mckinnon, Health and Wellbeing Delivery Manager
Michael Maddocks, Public Health Principal - Planning/JNSA
Gemma Stainthorp, Wellbeing, Health & Protection

Duncan Vernon, Public Health Associate Director
Laura Waplington, Public Health Officer

1. General

The Chair welcomed everyone to the first Health and Wellbeing Board meeting of 2023 and recognised that for many working within services across health and social care, this was a very busy time of year.

Councillor Bell went on to reiterate the importance of focusing efforts on delivering the priorities set out in the Health and Wellbeing Strategy and gave an overview of what had been agreed previously. She highlighted the breadth of the discussion items on the agenda which demonstrated some of the work being undertaken to respond to these priorities and acknowledged how the Board's aim was to improve the health and wellbeing of residents of Warwickshire.

(1) Apologies

Apologies were received from Councillor Julian Gutteridge, Nuneaton and Bedworth Borough Council and Steve Maxey, Chief Executive of North Warwickshire Borough Council.

(2) Appointment of Vice Chair

Councillor Bell reminded the meeting that it had been agreed at the September meeting to defer the appointment of Vice Chair to this meeting and went on to propose Danielle Oum (C&W ICS) and Chair of the Integrated Care Board, for the position. Councillor Bell felt that Danielle's position on the Integrated Care Board would serve well to ensure greater connectivity between the two partners.

No further nominations were forthcoming, therefore, having been proposed and duly seconded, it was

Resolved that Danielle Oum (Coventry & Warwickshire ICS) be appointed as Vice Chair of the Health and Wellbeing Board.

(3) Members' Disclosures of Pecuniary and Non-Pecuniary Interests

During the course of the meeting Councillor Roodhouse declared an interest as a Director of Healthwatch, Warwickshire.

(4) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 7 September 2022 and Matters Arising

The minutes of the meeting held on 7 September 2022 were agreed and signed by the Chair as a correct record.

(5) Chair's Announcements

There were none.

2. Place Partnership Update

The Board received an update from Mannie Ketley, Chief Executive of Rugby Borough Council alongside Chris Elliott, Chief Executive of Warwick District Council, who joined the meeting virtually. Mannie Ketley delivered a presentation to the meeting entitled 'The Journey of Place' which provided background information and an update on progress of the Place Priorities for the North, Rugby and South areas of the County.

Having introduced herself, Mannie Ketley advised that the presentation she was about to deliver contained a slight variation to the original document circulated and she would share a revised set of slides to members after the meeting.

Mannie Ketley took the Board through the presentation which included information on:

- The Journey of Place – key milestones that each area had been through, starting in 2018 up to the present day;
- An explanation of what the HWBB Strategy meant for each area including future development of implementation plans and working with the HWBB Executive Office Group;
- Progress to date with the Place Partnerships including review delivery priorities, refreshing terms of reference and future engagement measures;
- What the draft ICS Strategy said about Place, a summary of the four commitments and definitions as to how partners would work on priorities;
- Lessons learnt from South Place Peer Review including highlighted strengths focus moving forward and key opportunities;

Warwick District Council's Chief Executive, Chris Elliott addressed the meeting and reflected on the past few years working at 'Place' level. He felt there had been a lot of buy in by organisations and representatives, with people joining together to deliver a common aim. Chris Elliott went on to describe how projects were now starting to come through and beginning to make a difference, such as the community centre provision at Packmores in Warwick.

Mannie Ketley then introduced the final slide which described the latter part of the journey and how it might be possible for areas to prepare for the next steps. She asked the Board to consider the resources that might be required and advised that there would be a meeting held next month with colleagues to discuss this and thoughts on how 'Place' was connected to the wider Integrated Care System.

Mannie Ketley thanked Danielle Oum for attending a Rugby Place Partnership meeting recently and hoped that further clarification could be sought as to what the two way communication would look like. She highlighted the need to deliver on shared objectives, avoid duplication of work and harness a coherent approach. She concluded by reiterating the importance of trying to identify necessary change and how to make those changes 'business as usual'.

The Chair thanked both Chief Executives for attending and delivering the update. She felt this went a long way to reinforce the commitment to work with the Place Partnerships and to identify ways to improve the wellbeing of communities and drive forward strategies.

Danielle Oum (C&W ICS) addressed the meeting and felt the presentation showed how partners were working collectively across Coventry & Warwickshire and how this enabled all parties to understand the needs of the population and how to respond effectively.

Danielle Oum went on to explain how the Integrated Care Strategy (ICS) and Integrated Care Board (ICB) would aim to devolve resources down through care collaboratives and confirmed that it would not be beneficial to design something that resulted in micromanaging at place level. She outlined the ambition for working clearly and effectively at system level, demonstrating that the needs of the local community could be responded to. Danielle Oum concluded by reiterating the importance of giving the place partnerships space to develop, allowing their voice to be heard.

Councillor Roodhouse thanked the officers for the presentation and felt that the last slide had been the most pertinent. Key questions for him revolved around the primary care networks, NHS England and the Department for Health with the potential danger of reacting to issues coming further down the line. Councillor Roodhouse recognised the importance of listening to all levels of communities in order to get the messages travelling back up to those working higher up. He also referred to the question of funding but noted that this was an evolving situation. He noted that there were projects ready to go but needed the funding confirmed to be able to start.

Councillor Holland addressed the meeting in his capacity as Vice Chair of the Adult Social Care and Health Overview and Scrutiny Committee and as a Governor of South Warwickshire Foundations Trust (SWFT). He thanked officers for the report which had given him a complete answer to his previous request of a written report. Councillor Holland went on to thank everyone involved whilst noting the staffing issues and increase in patient numbers. He was pleased that progress was being made to meet the large number of needs identified by the JSNAA and noted that work was being carried out strategically. He recognised that the introduction of the ICB had brought new people into the arena and reminded the meeting that the criteria for success would be when the list of needs identified had been met.

The Health and Wellbeing Board noted the report.

3. Coventry and Warwickshire Integrated Care Strategy

The Board received a report which presented an interim care strategy, setting out how the assessed needs of the population could be met by the Integrated Care System (ICS).

Danielle Oum (C&W ICS) introduced the strategy on behalf of the Integrated Care Board (ICB) and recognised that a lot of the officers present had been involved in the development of the strategy, with work taking place in a relatively short timeframe and as a result of a fairly comprehensive engagement programme involving key stake holders, community and partners. She described it as an alliterative process, the basis of a forward plan which would be worked on. It was noted that this had not been published yet, so this was the opportunity to make any suggestions or comments.

Danielle Oum referred to this being a new way of working for everyone and felt that the mission statement signed up to was a powerful ambition, encouraging individuals to take ownership of their own health and focus services where they were needed. The strategy set out the agreed priorities and she asked those present to consider what the HWBB would need to see with a Warwickshire focus, on a regular basis to ensure this was moving in the right direction of travel.

Councillor Falp, representing Warwick District Council, welcomed the inclusion of priority 1 'Prioritising prevention and improving future health outcomes through tackling health inequalities' which she hoped would go some way to individuals avoiding admission to hospital.

Councillor Roodhouse referred to the financial strain and challenges and queried the powers available to give support. He did not want to just note reports and recognised that the prevention agenda was something that had committed investment. Councillor Roodhouse recognised the role of District and Borough Councils in the process and queried how the HWBB may address the pressure being put on NHS England. He queried the powers that the Board had and how the discussions could culminate in actions for the benefit of residents.

Dame Stella Manzie (UHCW) noted the progress made and felt the key was a sharp focus, revisiting priorities and ensuring all individual organisations were aware of these. She highlighted the need to ensure joined up working, thinking in multi-directional ways whilst continuing to deliver services under pressure. Dame Manzie also reminded the Board that it was important not to spread officers too thinly, maintaining focus and embedding prevention. She referred to the Improving Lives project which should change pathways for elderly people and those specifics could then be reported back.

Mannie Ketley highlighted the connection with her presentation reiterating that clarity was important to avoid micromanaging at Place level.

Chris Bain (HWW) recognised the amount of work that had gone into the strategy. He felt that the connection with communities was needed with a system that was becoming more complex. He advised that Healthwatch's concern was where the patient's voice could best be heard and in what form. He queried the consultation mechanism and felt that to be effective, the process had to continuous and build trust and confidence. This communication would assist with early warning signs, from seldom heard groups such as working people. In addition, he noted that the voluntary sector had to be heard and he was not sure that the relationships between tiers and bodies was sufficiently clear.

Councillor Holland addressed the meeting, highlighting the system put in place by parliament and reminding the meeting of the JSNA process.

Russell Hardy (SWFT and George Eliot Hospital NHS Trust) reinforced the points made by Chris Bain and added his support to the progress being made. He expressed his thanks to everyone involved and commended the engagement with citizens, which he hoped would continue in a structured and consistent manner. Russell Hardy went on to make comment on the delivery plan and emphasise the prevention and inequalities agenda, whilst noting the political interest in the topic. He reiterated the desire to share intelligence and not duplicate engagement, whilst maximising the work of the voluntary sector.

The Chair addressed the meeting and advised that the Board's role was to ensure its own strategy was in line with the processes being discussed and she proposed that a short paper be submitted to the next meeting. She reminded the meeting that the development of the ICB delivery plan was really important and needed to be monitored alongside the Warwickshire strategy. She recognised that there was a lot of work already on this agenda but felt that there were gaps that needed identifying. Councillor Bell wanted to ensure that the patients' voice would be taken on board and

would rely on Healthwatch to bring this to the Board's attention so that it could be listened to and taken note of. She hoped that future agendas would reflect the issues that were important to residents and would enable the Board to focus its efforts.

Dianne Whitfield (Coventry & Warwickshire Partnership Trust) reinforced the concerns raised regarding clarity around the financial envelope, alongside the need for delivery of realistic and transparent messages to communities.

Councillor Roodhouse firmly supported the comments made regarding money and asked if the mapping exercise could include an additional column with figures in, enabling transparency and understanding in the community.

Having considered how the Board could contribute to the delivery of the strategy, how impact and success measures could be shared through regular reporting and how the ICS might inform further development of the HWBB's strategy, the Board

Resolved that the draft Integrated Care Strategy for Coventry and Warwickshire 2022 be noted, along with the feedback on the draft strategy ahead of publication.

4. Director of Public Health Annual Report 2022

Shade Agboola (Director of Public Health) presented her Annual Report, as required under Section 73B of the National Health Service Act 2006. The theme of this year's report was health and the rising cost of living and contained a number of recommendations which would require a concerted joint effort from health and social care partners across the Integrated Care System if they were to be achieved.

Shade Agboola introduced her presentation which focused on the theme of 'Health and the High Cost of Living in Warwickshire'. The presentation covered the following:

- The picture of Health and Wellbeing in Warwickshire, including life expectancy and healthy life expectancy data;
- Improvements made across areas of health including the uptake of services and determinants that affect health;
- The Warwickshire Health Profile in 2022 – showing health performance and allowing comparisons between districts and boroughs;
- The Rising Cost of Living, resulting in three main consequences – household energy costs, rising petrol and travel prices and the increase in the cost of goods;
- The impact these pressures will have on people's health such as the inability to afford healthy food, risk of obesity, missed medical appointments, housing impacts and homelessness;
- Metrics used to model financial resilience across Warwickshire Households;
- Cost of living index demonstrating the most vulnerable areas of the county;
- Data evidencing the impact of housing, bills and the rising cost of living on health – this included the impact on physical health, mental health and wellbeing and the cost of the burden on the NHS;
- Support being offered in Warwickshire such as Act on Energy and Warm Hubs with an increased number of people using food banks, reducing meal size and an uptake in free school meals;

- The positive work being carried out by food pantries and residents accessing debt advice and being signposted to a range of resources;
- Transport and travel, the impact on loneliness and social isolation, restricted access to work, education and green spaces;
- The benefits of active travel and the support being offered in Warwickshire including schemes such as Choose How you Move and a number of funding sources from WCC.

The presentation concluded with a number of recommendations, the first of which was an overarching proposal encouraging key anchor organisations to focus their expertise and capacity on building an inclusive, healthy and sustainable Warwickshire by focusing on:

Policy, Surveillance, Workforce Development, Making Every Contact Count and Access to services.

This was underpinned by three further recommendations focusing on housing, food and transport as follows:

- Recommendation 2 – I recommend that housing, planning and health leads work together to prevent ill health caused by poor housing and living conditions. This should include a commitment to prevent new homes from being built with an Energy Performance Certificate (EPC) rating of less than C and working with private and public landlords to ensure existing homes have an EPC of C or above, and are mould free.

- Recommendation 3 – I recommend that to support children to have the best start in life, Health and Wellbeing Board explores the feasibility of free school meals for all primary school children in Warwickshire, as research shows that children are able to learn better in school if they have a full stomach.

- Recommendation 4 – I recommend that transport planners and health partners work together to improve transport links for those living in areas with more rural isolation, deprivation and where rates of long-term conditions and access to transport links are poor.

Russell Hardy (SWFT and George Eliot Hospital NHS Trust) thanked Shade Agboola for her outstanding report. He felt that a key issue determining health was access and suggested that this be looked at openly, along with the implications it had to understand the problems and take any learnings forward.

The Chair proposed that Access to Healthcare be added to the Board's forward plan. Having requested that the recommendations be displayed again, she recognised that some of the requests sat outside the Board's remit and lay with other forums. However, she fully supported the proposal to undertake a feasibility study in relation to free school meals for all primary school children.

Resolved that the 2022 Annual Report of the Director of Public Health and the recommendations within it be endorsed by the Board.

5. Preventing Homelessness in Warwickshire Report - a multi-agency approach

The Board received a report and presentation from Isher Kehal (xx), and Angela Coates (Director of Housing at North Warwickshire Borough Council), which updated them on key actions for each workstream of the action plan developed to reduce homelessness in Warwickshire.

Angela Coates addressed the meeting and outlined how far authorities had come by working together to tackle difficult housing issues. She explained that the presentation would outline the progress made on the strategy that was signed off previously. She also welcomed feedback on how the Board would like this to connect into future workstreams.

The presentation entitled Preventing Homelessness in Warwickshire: a multi-agency approach, 2021-2023' included:

- Background from the first conference in October 2018 to the Preventing Homelessness in Warwickshire Strategy endorsed in March 2021;
- The Partners Involved;
- An overview of Homelessness and Health services including support for the physical and emotional health of rough sleepers;
- Work being undertaken to assist with Financial Inclusion including support to maximise income, managing debt and energy bills across the District and Borough Councils;
- Homelessness and Young People;
- Homelessness and Domestic Abuse;
- Homelessness and Offenders; and
- Next Steps including the approach to deliver strategic priorities and future refreshes of the Strategy and Action Plans.

Angela Coates explained that partners had pulled together to deliver services on the ground with much better collaboration with a real focus around prisons and rehabilitation. She advised that the use of temporary accommodation had reduced in Warwickshire but there were still a number of challenges to be faced with rents increasing in the private sector and residents struggling on lower incomes.

Angela Coates expressed that a good relationship had been built with the resettlement board in relation to citizens fleeing Ukraine and those seeking asylum but stressed that this was an additional group that wanted to access the private rented sector and social housing. She went on to outline the potential difficulties if Housing Related Support was lost which was a threat to supported housing and the current mechanism. Angela concluded by commending her colleagues and as the Chair of the Strategy Group, requested the Board's support to continue with the focus outlined.

The Chair applauded this work as a wonderful example of partnership working which was very encouraging.

Councillor Roodhouse recognised the issues relating to domestic abuse and highlighted that male suffering was more visible on the public radar than before. He recognised the importance of joined up working with the use of clear data and referred to the level of positive work being carried out in his own constituency in Rugby, which was well appreciated.

Councillor Falp thanked the officers for including case studies in their report which clearly showed how these issues impacted on residents. She queried what else local authorities could do to work

with private landlords and provided examples of residents desperate for help with poor living conditions or unaffordable rent. Councillor Falp asked for confirmation as to whether officers were working with social landlords and raised a concern about the demand for a month's rent in advance, which many could not afford.

Councillor Barker spoke in her capacity as Stratford District Council representative and advised that there had been no reports of rough sleepers in Stratford last month. She referred to the Fred Winter centre which was doing a great job and recognised that there could be a bigger problem in this area of the County if funding had not been secured through the County Council.

Russell Hardy (SWFT and George Eliot Hospital NHS Trust) fully supported the work being done and thanked the officers for bringing to life the difficulties being endured by residents. He felt that the multi-agency examples demonstrated were powerful and the ICS had made a real impact.

The Chair reminded the meeting that access to GP's for homeless people was being worked on.

Angela Coates explained that many cases were complex whilst some solutions were simpler with people needed less support. She highlighted the national focus on private landlords but recognised that whilst it was difficult to control rent increases, officers could assist with regard to living conditions. In response to Councillor Falp's query, Angela Coates advised that whilst social landlords were not mentioned directly, officers would be working with them and expected them to stand alongside authorities to address issues. In relation to the demand for a month's rent in advance, it was noted that this was a difficult issue but there should always be flexibility and this came back to strong case management and the work of support officers.

With regard to the comments made about Housing Related Support, Angela Coates agreed that sustaining people in their own homes was critical and, whilst the pressure on budgets was understood, noted that it would be difficult to sustain tenancies without it.

The Chair thanked the officers for their presentation and commended the work undertaken so far. She asked that they keep going with this importance area of work and update the Board again at an appropriate future point.

Resolved that

1) the content of the report is supported and noted; and
2) the ongoing review of the action plan is endorsed.

6. Coventry and Warwickshire Suicide Prevention Strategy 2023 - 2030

The Board received a report from officers which advised that, following completion of the NHS England (NHSE) funded national suicide prevention programme in Coventry and Warwickshire (2018 – 2021), work had been underway to develop a new partnership work programme that set out a vision for suicide prevention in Coventry and Warwickshire until 2030.

The report was presented by Paula Jackson (Public Health Consultant) who provided an overview of the strategy. The work had been led by Warwickshire County Council and Coventry City Council and dovetailed with the Director of Public Health's Annual Report, which also highlighted the ongoing impact on mental health issues since the pandemic. Paula Jackson asked that the

Board endorse the new strategic approach to help tackle this distressing issue which was now the leading cause of death for those under the age of 35 and for men under 50.

The presentation highlighted the importance of aligning the new strategy with national guidance and contained statistics of the suicide rates in Coventry and Warwickshire. In addition, the presentation outlined:

- A zero approach to suicide, stating what the strategy hoped to achieve – there was a focus on inequality, creating safter communities and sharing data and learning;
- The collaborative approach was detailed starting with strengths, outlining those groups at risk such as alcohol and drug users and those in financial difficulty;
- How the strategy would work and the proposed governance model;
- Implementation of the strategy showing what was already being done and what the Council planned to do in the future;
- The two year delivery plan included providing a clear training programme for frontline staff, using realtime surveillance and identifying trends; and
- The next steps in the process from endorsement of the strategy and a Suicide Prevention Conference in Spring 2023.

The Chair thanked the officers for a clear and concise presentation.

Russell Hardy (SWFT and George Eliot Hospital NHS Trust) addressed the officers and recommended a colleague of his at the George Elliott Hospital who worked with individuals following the loss of a baby, men in particular and offered to share his contact details should they find it helpful.

Chris Bain (HWW) noted that the data had been broken down into male and female categories but queried if any further investigation had been undertaken into specific groups. He also asked how involved the officers were with regards to working with schools and colleges.

The officers explained that they worked with the local university as part of the prevention network, focusing on the mental health of children and young people and self harm.

In response to the data query, officers advised that the information was gathered following an audit of suicides since 2021. This had been broken down by gender, occupational groups, location in county, deprivation base. However, there was not a lot of information regarding ethnicity which, as one of the limitations of the data, was being addressed nationally. Members noted that there was a lot more to do to understand the local picture.

Chris Bain raised a query regarding games on social media, following receipt of a letter he had received as a parent. Officers advised that there were aware of the social media issues and although it was recognised that these were very hard to control, they would be included in self harm policies for schools.

Councillor Marian Humphreys stated that in the North Warwickshire Area there was a very active youth club with 42 children. She queried if this could be an area to target as some youngsters may not feel comfortable engaging with the issues in the school environment.

It was noted that excluded children were a priority and those who found themselves as part of the criminal justice system were at a higher risk.

Having considered the report, the Chair outlined the recommendations, and expressed her support to see regular reports, including the delivery plan. She endorsed a formal presentation of the Strategy and Plan and the Coventry and Warwickshire Integrated Health and Wellbeing Forum and felt the Strategy should receive formal sign off by the Board either in May or via a Sub-committee if necessary.

Resolved that, having considered their organisational contributions to suicide prevention and identifying any governance routes for approving and sharing the Strategy;

1) the content of the Coventry and Warwickshire Suicide Prevention Strategy 2023 – 2030 is endorsed;
2) the delivery of the strategic ambitions and local priorities are supported as set out in the strategy and delivery plan through collaboration with the Coventry and Warwickshire Suicide Prevention Partnership; and
3) a formal presentation of the Strategy and Delivery Plan be delivered to the Coventry and Warwickshire Integrated Health and Wellbeing Forum at its meeting in March 2023.

7. JSNA Prioritisation Programme

The Board received a report from officers which provided an overview of the Joint Strategic Needs Assessment (JSNA) Prioritisation Process undertaken to establish a new workplan for 2023/24, along with key findings.

Duncan Vernon (Public Health Consultant) introduced the report and presentation, alongside his colleague Michael Maddocks (Public Health Principal). The presentation covered:

- Background of the JSNA – it's purpose and representatives of the Strategic Group in Warwickshire;
- A timeline of the journey so far since it's beginnings in 2013 through to the Needs Assessments already completed and the culmination of the current work programme;
- The Prioritisation Process Overview detailing the steps taken from the collection of a list of needs assessments, through discussions and finally to sign off;
- An overview of the matrix and scoring levels, showing level of need and vulnerability;
- The proposed workplan including a production timeline and its integration with other work streams;
- Specified and Non-specified timelines side by side; and
- A Final Proposed Workplan, advising of the plan to undertake additional 'JSNA Bitesize' which would be published on the website.

Duncan Vernon explained that the engagement of citizens and patients was key and, in each case, effort had been made to engage broadly, whilst also looking at information from past engagements. This allowed officers to triangulate what the important issues were, whilst working together.

Councillor Holland thanked the officers and queried how this fitted in with the first item on the agenda, relating to Place Partnerships. In response, he was advised that officers worked closely

with the ICB and it was noted that as places developed, the data also evolved with feedback being received and taken on board as the journey progressed.

Councillor Roodhouse queried the data relating to exploitation as he felt it would be higher than that. He also asked for clarity on the category relating to people aged 65+ and the increased risk of dementia. He was mindful of the growing older population and increasing frailty, and loneliness and isolation and wondered if those issues would be taken into account in the review.

Russell Hardy (SWFT and George Eliot Hospital NHS Trust) also addressed the points made regarding the over 65 category stating that if you took maternity and paediatrics out of the equation, 80% of acute beds were occupied by people over the age of 65's and in Warwickshire only 20% of the residents were over 65. He therefore, felt that if this proportion of the population could be kept healthier, in their own homes for longer and remain out of hospital it could revolutionise financial envelope that health services were operating in.

Duncan Vernon explained that throughout the JSNA processes officers tried to take a wider perspective on health. He recognised that social isolation was one of the critical points and using the previous JSNA schematic from 2016, would be mapping trends and taking insights from that to see how the situation had changed. He reiterated that building partnerships was critical, working around hospital discharges in Warwickshire, the use of virtual wards and the shift from acute to community support.

The Chair outlined the recommendations in the report, and it was

Resolved that:

1) the outlined proposed thematic Joint Strategic Needs Assessment (JSNA) workplan for October 2022 – November 2024 is approved; and
2) the development of future needs assessments is supported through promoting the work of the JSNA and supporting the established partnership approach to producing the JSNA between Health and Wellbeing Board Members.

8. Coventry and Warwickshire Health and Wellbeing Forum

The update from the Coventry and Warwickshire Health and Wellbeing Forum was taken as read and, having received no comments or questions, was noted.

9. Better Care Fund - Update, Planning for 23/24 and Adult Social Care Hospital Discharge Fund

Dame Stella Manzie (UHCW) addressed the meeting and asked whether the Board wanted her, Russell Hardy or Diane Whitfield to comment on the general situation affecting healthcare overall, particularly on the NHS side. She advised that from a University Hospital Coventry & Warwickshire (UHCW) perspective there were obviously big challenges but she wanted to emphasise the huge efforts being made not to cancel elective procedures, some had had to be cancelled but the numbers were relatively small compared to the scheduled procedures in place. She recognised that whilst the situation was a big concern for everyone involved, she assured the Board that all hospital trusts were valiantly trying to ensure they minimised the cancellation of elective care.

Russell Hardy fully supported the comments made and took the opportunity to apologise to Warwickshire citizens for the access challenges they had experienced over the last few weeks. He felt it was important to recognise this and to assure that there were programmes going on to make sure lessons were learned and, despite the challenges, would ensure that next year the system was in a much better place.

10. Assistive Technology and the Integrated Care Record

Russell Hardy (SWFT and George Eliot Hospital NHS Trust) felt that this was a wonderful opportunity. He referred to the system used in Scandinavia whereby all domiciliary care visits were undertaken using Assistive Technology. He recognised that the work detailed in the report was very positive and referred to Danielle Oum as a real advocate of the digital agenda. He concluded by stating that keeping focused on that would be a positive move forwards.

The report was taken as read and, taking on board the comments received, was noted.

11. Warwickshire Hospital Discharge Community Recovery Programme

The report was taken as read and, having received no comments or questions, was noted.

12. Children and Young People Partnership Update Report

The update was taken as read and, having received no comments or questions, was noted.

13. Health and Wellbeing Board Sub-Committee

The Chair referred to the minutes of the two sub-committees that had taken place in September and December 2022. She provided an outline of what had been agreed and the minutes were noted. Councillor Bell advised that the short term funding received for hospital discharges had to be spent between now and the end of March 2023 with a report back to the Board due in the future.

14. Forward Plan

The Chair introduced the item and suggested a few additions to the forward plan. Councillor Bell felt that it would be prudent for the Board to look at the ICB's delivery plan and consider what it meant for the HWBB.

She also proposed that an item on 'Access to Healthcare' be provided at the next meeting, indicating what was being done in acute and primary health care areas. See where we are and what was being done to address issues.

Councillor Bell also felt that, in light of the Director of Public Health's annual report, the Board should look at where this fitted into the HWBB future agenda.

Russell Hardy (SWFT and George Eliot Hospital NHS Trust) addressed the meeting and highlighted that the Better Care Fund had been hampered by delays in the funding arriving. He felt

that as a ‘lessons learned’ piece, ideally this should be looked at as it would be good to know when funding was arriving and noted it should be in everyone’s calendars.

Nigel Minns (Strategic Director for People) concurred that it had been frustrating, highlighting that spending approval had only been received yesterday for the current financial year 2022/23. He advised that officers had to take the stance that approval would be forthcoming and did not delay in allocating spending. He agreed that it would be beneficial if approval could be received before the start of the financial year it was due to be spent in.

The Chair advised that at present the item on the Better Care Fund was labelled on the agenda as an update item but she would keep this under review and would move it to the discussion items section if necessary.

It was agreed that the following be added to the forward plan:

- Access to Healthcare – an overview of what was being done in acute and primary health care areas;
- Integration of the Director of Public Health report and the HWBB agenda;
- Preventing Homelessness in Warwickshire Report - a multi-agency approach – 6 month update

The Chair thanked everyone for attending the meeting.

The meeting ended at 16:11

Agenda Item 2

Health and Wellbeing Board

24 May 2023

Annual Report of Health and Wellbeing Board Strategy

Recommendations

That the Health and Wellbeing Board (HWBB):

1) Notes the progress outlined in the 2022/23 Health and Wellbeing Strategy Annual Review; and

2) Approves the suggestion that HWBB maintains focus on the three short-term priorities of the Health and Wellbeing Strategy.

1. Executive Summary

1.1 The 2021-2026 Health and Wellbeing Strategy (HWS) set out HWBB's five-year vision for health and wellbeing in Warwickshire. It also set out three priorities to focus on, with a review date scheduled for the end of 2022/23. The three HWS priorities are:

- Helping children and young people to have the best start in life;
- Helping people to improve their mental health and wellbeing, with a focus on prevention and early intervention; and
- Reducing inequalities in health and the wider determinants of health.

1.2 The Annual Review highlights the progress that has been made against these priorities since the inception of the HWS in March 2021. The Annual Review also provides snapshots of changes to key health and wellbeing data indicators since the time of the HWS publication. Due to delays in the release of data, it is recommended that the HWBB continues to monitor progress against the three priorities for the next two-year period.

1.3 The priorities within the HWS were designed to be high level so that HWBB Partnerships could tailor programmes of work at a place-level to suit the needs of their population. Across the last twelve months a range work has been driven forward across Warwickshire and at Place (Warwickshire North, Rugby, South Warwickshire). Places have reaffirmed priorities for the next two years and these align to the overarching priorities of the HWBB.

1.4 Since the adoption of the HWS, the health and care sector has seen significant system-wide changes, including the establishment of the Integrated Care System, and the associated Integrated Care Board, and the Integrated

Care Partnership.

1.5 The accompanying Annual Review provides an update on the progress made across 2022/23 to address each of the HWS priorities.

2. Financial Implications

2.1 None.

3. Environmental Implications

3.1 None.

4. Timescales associated with the decision and next steps

4.1 Progress on the HWS over 2023/24 will continue to be monitored and will be reported back to the HWBB in May 2024.

Appendices

1. Appendix 1- Health and Wellbeing Strategy 2022/23 Annual Review

	Name	Contact Information
Report Author	Gemma Mckinnon	Gemmamckinnon@warwickshire.gov.uk
Director of Public Health	Dr Shade Agboola	Shadeagboola@wariwckshire.gov.uk
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Portfolio Holder	Cllr Margret Bell Portfolio Holder for Adult Social Care and Health	margretbell@warwickshire.gov.uk

The report was circulated to the following members prior to publication:

Local Member(s): None
Other members: Councillors Bell, Drew, Golby, Holland and Rolfe

Health and Wellbeing Board
24th May 2023

Warwickshire Health and Wellbeing Strategy Annual Review

Chair's introduction

This annual review celebrates a range of achievements from across the health and care system in Warwickshire. We have come to the end of the 2022/23 year, which marks the second year of the 2021-26 Health and Wellbeing Strategy. Across the last year the health and care sector has seen significant system-wide changes, including the establishment of the Integrated Care System (ICS) and the associated Integrated Care Board (ICB) and Integrated Care Partnership (ICP).

Over the past twelve months, the Health and Wellbeing Board and place-based Health and Wellbeing Partnerships have driven forward a range of activity focused on prevention, and developing a better understanding of the needs of our local people. The Integrated Health and Wellbeing Forum (Joint Coventry and Warwickshire Health and Wellbeing Board) has played a key role as a reference group to the ICB in shaping the ICP Strategy and associated Joint Forward Plan.

This review celebrates the achievements made in 2022/23 and presents the focus for 2023/24. We will continue to build on the good work to date. It is important we keep focused on our three priorities so that people can really see progress.

These include helping our children and young people have the best start in life; helping people improve their mental health and wellbeing, with a focus on prevention and early intervention; and reducing inequalities in health and the wider determinants of health.

The Health and Wellbeing Strategy was written in 2021 to set out a five-year vision for health and wellbeing in Warwickshire. Since then, much has changed within our system, but the priorities outlined within the strategy remain the same. As our Warwickshire Care Collaborative begins to develop and moves from being a decision shaper to a decision maker, there will be a change in the way that services are commissioned and delivered within Warwickshire, with greater emphasis on place and on integration. As a Health and Wellbeing Board, we have an important role in leading and shaping this agenda, and I look forward to the year ahead.

Councillor Margret Bell,

Chair of Health and Wellbeing Board,

Portfolio Holder for Health and Adult Social Care

How this Document Works

The Health and Wellbeing Strategy 2021-26 outlines the three priorities of:

- Help our children and young people have the best start in life
- Help people improve their mental health and wellbeing, particularly around prevention and early intervention in our communities
- Reduce inequalities in health outcomes and the wider determinants of health

This Annual Review highlights the achievements of last year, and also sets the focus for 2023-24.

Our Annual Review 2022/23

Our annual review highlights the achievements of all Health and wellbeing partners in delivering outcomes, with particular focus on the 22/23 work programme.

Looking ahead for 23/24

The Health and Wellbeing Board (HWBB) has a strategic role but needs to be assured of delivery of outcomes. The Delivery Plan will focus on the priority areas for 23/24 as well as the statutory duties of the Board and areas of regular reporting.

Our journey so far…

2018-2020
Place based Joint Strategic Needs Assessments produced

2019-2020
HWBB Strategy development

March 2020
Terms of Reference agreed for each place-based HWBB partnership

March 2021
HWBB Strategy adopted

2020
Place Priorities agreed for
- North
- Rugby
- South

January 2022
Domestic Abuse Joint Needs assessment

March 2022
HWBB Bulletin set up to share info more

May 2022
Children 0-5 JSNA published

July2022
Formation of ICS

September 2022
Pharmaceutical needs assessment published

September 2022
Formation of Children and Young people partnership

Dec 2022
ICS Strategy developed

January 2023
Director of Public Health Annual Report on health and the rising cost of living

Progress on helping our children and young people have the best start in life

Child friendly Warwickshire

Child Friendly Warwickshire (CFW) aims for every child and young person to be Happy, Healthy, Heard, Safe, and Skilled. We have seen through consultation that mental health and wellbeing are consistently a theme that young people consider to be important.

The engagement provides us with the main topic areas for our annual Warwickshire Youth Conference, developed and organised by young people for young people. Our CFW conference brings together local organisations with young people to create a safe space to talk about important issues facing them today. Our 2022 event, 'Future Ready' provided the opportunity for Warwickshire young people to talk to various mental health services and organisations as well as a dedicated workshop delivered by Kooth. Metal health and wellbeing is a again a main topic for our 2023 conference.

Within our Network of Friends, CFW continue to work with various partners including CW Mind, RISE, Kooth, LifeSpace, Connect4Health, Kidscape, Young Minds Matter and Young People First and continue to identify ways the network can improve the lives of children and young people in Warwickshire."

Safe and well check pathway for pregnant women

In partnership with Warwickshire Fire and Rescue Service and Maternity services, development of a safe and well check pathway for pregnant women who are non-smokers but register high carbon monoxide readings.

Smoking in Pregnancy vape pilot project

In July 2022 the Stop Smoking in Pregnancy Vape Pilot was launched in Warwickshire North. Procurement was funded by a Coventry and Warwickshire Local Maternity and Neonatal System (LMNS) 'Reducing Inequalities in Health' grant underspend from financial year 2021/22. Key aims of the pilot are to improve engagement with the Stop Smoking in Pregnancy (SSIP) service and to reduce Smoking at time of delivery (SATOD) rates in Warwickshire North. All pregnant smokers booked at George Eliot Hospital (GEH) and living in Warwickshire North are currently referred to the SSIP 12-week programme on an opt-out basis. The pilot has been extended until the end of June 2023.

Changes to data relating to priority

Percentage of **physically active children** (5-16) has **decreased** from 43.1% (2019/22) from **41.2%** (2021/22)

Conceptions in women aged under 18 per 1,000 females aged 15-17 **decreased** from 13.9 (2018) to **13.2** (2020)

Progress on helping our children and young people have the best start in life (continued)

Changes to data relating to priority

Hospital admissions for **unintentional and deliberate injuries in children** per 10,000 aged 0-14 years decreased from 99.3 (2019/20) to **83.1** (2021/22)

The Percentage of **term babies** of **low birth weight** has reduced from 2.4% (2019) to **2.3%** (2021)

Health in All Policies – Children and Families (Best Start in Life)

In January 2022, over 40 colleagues from the Children and Families Team at WCC engaged in a Health in All Policies (HiAP) Workshop. The Workshop enabled Public Health, Strategic Commissioning and Children's and Families Team to come together in drawing out the key links between Children and families and Public Health.

It was a shared agreement that continued collaborative working in a systematic way will help identify synergies between areas, strategies, and ambitions to achieve health benefits and help reduce health inequalities across children, young people and families in Warwickshire.

Speech Language and Communication Needs

Delivery of a joint WCC/ICB gap analysis of Speech Language and Communication Needs in Warwickshire.

1001 days

Refresh and re-structure of the Coventry and Warwickshire 1001 days group with a new action plan and multi-agency delivery group.

Warwickshire Children and Young People Partnership

The Warwickshire Children and Young People Partnership (CYPP) was formed as a sub-group of the Health and Wellbeing Board. The CYPP replaces the Warwickshire Children Together Board and aims to provide strategic oversight to the CYP agenda.

Coventry and Warwickshire LMNS Health and Wellbeing workstream

The Coventry and Warwickshire LMNS Health and Wellbeing workstream has been refreshed and re-structured , with a focus on aligning work with the LMNS equity and equality action plan.

Implementation of the LMNS health inequalities action plan to reduce smoking in pregnancy, including the 'Love Your Bump' communications campaign, ethnographic research, and vape pilot in Warks North.

Progress on helping people improve their mental health and wellbeing, with a focus on prevention and early intervention

Work to support mental health and wellbeing is a key focus of the new Coventry and Warwickshire Mental Health Collaborative. A new systemwide mental health strategy is being developed which will include key work on prevention and early intervention, prioritising action to tackle mental health inequalities.

Wellbeing for Warwickshire

Wellbeing for Warwickshire a community based mental health collaborative partnership, funded by Warwickshire County Council, between Coventry and Warwickshire Mind, Connect Assist, Key Ring, South Warwickshire and Worcestershire Mind, Recovery & Wellbeing Academy and Qwell to provide adult mental health and emotional wellbeing support. The service provides a range of services including a 24/7 365 days a year helpline, online counselling, 121 sessions to drop ins hubs. To find out more visit https://wellbeingforwarwickshire.org.uk/

What's Next?

There is a plan for Wellbeing for Life and suicide prevention to carry out some work with Economy and skills to work with industries at higher risk of health inequalities and higher suicide rates. Currently looking at North Warwickshire and starting work with a task & finish group at the end of this month.

Suicide prevention workstream

A new system-wide Suicide Prevention Strategy was endorsed by the Coventry and Warwickshire Health and Wellbeing Boards in Coventry and Warwickshire in January 2023. This sets out the strategic ambitions and approach for reducing the number of suicides in the area and realising the vision that no-one in Coventry and Warwickshire should ever feel like suicide is their only option. Work is ongoing to develop an initial 2-year work programme under the five local delivery priorities:

- Target our approach for those groups and communities at a higher risk of suicide
- Increase awareness to help change public attitudes about suicide
- Promote suicide prevention as a priority within the wider health and wellbeing activity of system partners
- Provide real time data to ensure that prevention activity is targeted in response to locally identified priorities
- Facilitate coproduction, collaboration and coordination to maximise the impact of suicide prevention activity across Coventry and Warwickshire

A Coventry and Warwickshire Suicide Prevention Conference will take place in autumn 2023, bringing together partners from the voluntary, private and public sectors to raise awareness and embed suicide prevention activity across the local area.

Changes to data relating to priority

The percentage of people with a self-reported **low happiness** score has **decreased** from 6.9% (2019/20) to **6.3%** (2021/22)

The percentage of people with a self reported **high anxiety** score has **increased** from 18% (2019-20) to **21.8%** (2021/22)

Emergency hospital admissions for **intentional self-harm** (all ages) has **decreased** from 192.1 (2019/20) to **156.5** (2021/22)

Progress on helping people improve their mental health and wellbeing, with a focus on prevention and early intervention (continued)

Serious violence prevention workstream

The Serious Violence Prevention Strategy which was endorsed by H&WBB has been adopted by the Safer Warwickshire Partnership Board in December 2022.

The strategy has been focused on the preventing the causal factors in relation to serious violence. Progress and been made I the development of a contextual safeguarding framework that helps recognise the early risk factors and develop response across a range of partner agencies

We have continued to invest in mentoring provision for young people with a focus on schools. 15 secondary schools across the county are being supported to embed early preventive programmes including universal provision, group work or 121 support. 53 young people have been referred for specific 121 or group work.

Training for Early Years. Youth Justice and Family and Adolescence Support Team has commenced. A wider training programme for front line practitioners across partner agencies has been developed with roll out planned to commence in May 2023.

Workplace wellbeing

The Workplace Wellbeing forum covered Mental Health and started the businesses thinking about what offer of support they had for their staff, we also have 158 businesses in Coventry & Warwickshire working towards Thrive at Work accreditation currently of which mental health is one of the themes.

thrive at work

Changes to data relating to priority

The percentage of patients aged **18 and over with depression** has **increased** from 12.1% (2019/20) to **14.4%** (2021/22).

This sits within the second highest quintile

The percentage of patients, aged 18 and over, who have been **newly diagnosed with depression** has **increased** from 1.7% (2019/20) to **2.0%** (2021/22).

This sits within the highest quintile

Progress on reducing inequalities in health and the wider determinants of health

Health Equity Assessment Tool (HEAT)

More HWBB partners in Warwickshire have been proactively adopting a Health in All Polices (HiAP) approach by carrying out Health Equity Assessment Tool (HEAT). HEAT helps to identify potential inequalities in health that may arise from a service or project and how to prevent them.

Embedding HiAP remains a key recommendation within the Director of Public Health Annua Report for 2022. To support the whole ICS to take a HiAP approach, the ICB has developed a guide around using HEAT to support service redesign.

Tackling social inequalities strategy

The Tackling Social Inequalities (TSI) strategy is progressing well with work currently underway in Poverty Proofing a community in Rugby. The TSI Family Information Service team (FIS) are also continuing to support families affected by the increased cost of living by providing advice and offering a brokerage service to support income maximisation, and to address fuel, food and digital inequality.

New healthy lifestyles service

WCC has commissioned an integrated physical health service whereby health professionals, Warwickshire residents and patients can access a range of physical health services to improve physical health and wellbeing and reduce inequalities. The service will include the following core elements:

1. Single Point of Access and Universal Support (triage)
2. Physical Activity on Referral and Weight Management
3. Smoking Cessation
4. NHS Health Checks – supporting Primary Care, delivering Community Health Checks and Point of Care Testing.

The service goes live on July 1st 2023.

Changes to data relating to priority

Percentage of **physically inactive adults** has decreased from 22.1 (2018/19) to **21.1%** (2020/21)

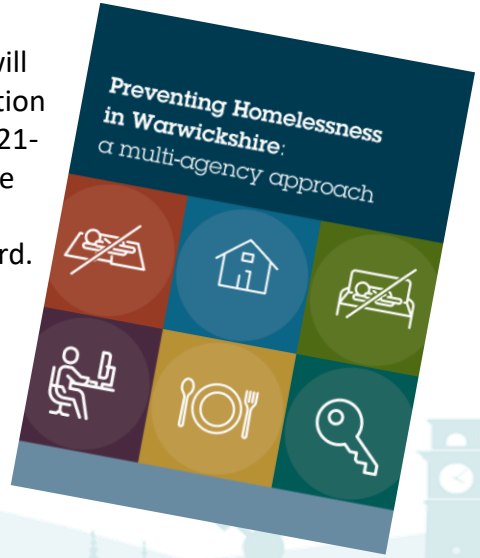
Percentage of adults aged 18 and over classified as **overweight or obese** has increased from 63.3% (2019/20) to **65.6%** (2020/21)

Progress on reducing inequalities in health and the wider determinants of health (continued)

Housing and homelessness

Following the adoption of the Preventing Homelessness in Warwickshire Strategy in March 2021, progress has been made across the five key areas (health, financial inclusion, young people, domestic abuse, offending. As part of this, a GP outreach Pilot in Leamington North & South primary care network (PCN) has been approved and a salaried GP is working for one session a week to provide a GP led clinic in and around the Housing Support Providers.

The Strategic Group will review the current action plan set for March 2021-March 2023 and revise accordingly to reflect actions moving forward.



Drug and Alcohol services

Over the last 12 months Warwickshire has expanded its treatment and recovery system to support residents by:

- Increasing Young People's treatment places by recruiting an additional worker
- Funding additional spaces for individuals to access Residential Rehabilitation and Inpatient Detoxification
- Increasing nursing capacity to conduct health screening across the county including on outreach to homeless people, and blood borne virus testing and vaccinations for 50 injecting drug users to complete courses of vaccination against Hep B
- Increase outreach and engagement for our substance misuse services by purchasing educational resources to improve prevention and early intervention work
- Enhancing partnership working by funding dedicated Mental Health, Vulnerable People and Criminal Justice workers to improve pathways between services and increase quality of care
- Supporting service providers to offer training and development opportunities for staff to ensure Warwickshire substance misuse services have the expertise required to support residents
- Employed a Drugs Related Death Co-ordinator to take a public-health approach to reducing the numbers of drug and alcohol related deaths in Warwickshire

A multi-agency Drug and Alcohol Strategic Partnership has been established for partners and agencies to work together to strengthen referral pathways and service delivery. Two needs assessments, one drug and one alcohol, have been conducted in order to highlight inequalities and where need is greatest to target outreach.

Changes to data Relating to priority

The number of **Food parcels distributed** by foodbanks has **increased** from 67,091 (2019/20) to **88,235** (2021/22)

Progress on JSNA

Thematic needs assessment

Having completed the programme of place-based needs assessments, in 2020 Warwickshire County Council adopted a thematic approach to its JSNAs. Following a prioritisation process, a workplan was identified. JSNAs on the following have been produced:

- Domestic Violence and Abuse JSNA (2021)
- Mental Health Needs Assessment (2021)
- Children's 0-5 JSNA (2022)
- Alcohol Needs Assessment (2022)
- Pharmaceutical Needs Assessment (2022)
- Mental Health and Wellbeing of Infants, Children, and Young People JSNA (May 2023).

These needs assessments are being used to inform the development of health and social care services across Warwickshire through the Warwickshire North, Rugby, and South Warwickshire Health and Wellbeing Partnerships.

The full JSNAs can be found here once published: https://www.warwickshire.gov.uk/joint-strategic-needs-assessments-1

Health inequalities dashboard

The Monitoring Health Inequalities Dashboard provides up to date, high level data and indicators around the picture of health in Warwickshire, mirroring the King's Fund Population Health framework and focuses on Warwickshire's Health and Wellbeing Strategies three priorities:

- Help our children and young people have the best start in life.
- Help people improve their mental health and wellbeing, particularly around prevention and early intervention in our communities.
- Reduce inequalities in health outcomes and the wider determinants of health.

The dashboard can be found here: https://www.warwickshire.gov.uk/directory-record/7175/monitoring-health-inequalities-dashboard

What's Next?

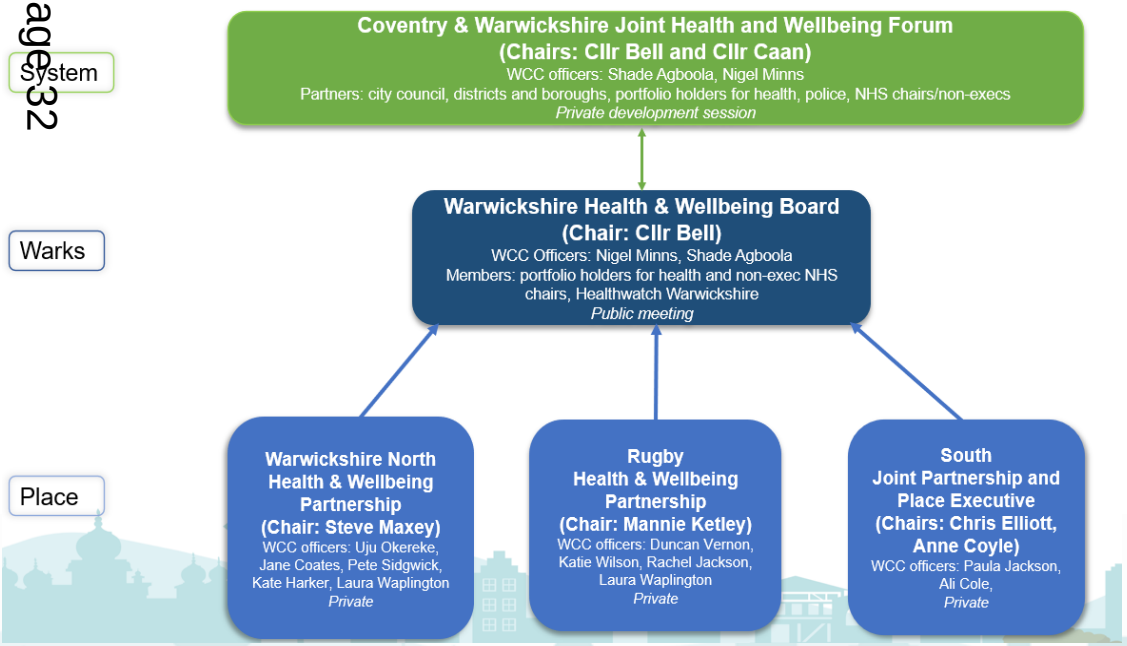
The upcoming JSNA work programme includes:

- Healthy Ageing JSNA
- Physical Health of 6-25 Year-Olds JSNA
- Disabilities JSNA
- LGBTQ+ JSNA

System

Coventry and Warwickshire Integrated Health and Wellbeing Forum

- Joint C&W Health and Wellbeing Board
- Thematic development sessions to facilitate partnership working and integration between the HWBBs in Coventry and Warwickshire
- Acts as a consultative forum to the Integrated Care Partnership
- Twice yearly sessions



Wellbeing for life

Wellbeing for Life started as the Year of Wellbeing 2019. The initiative was born out of the Coventry and Warwickshire Integrated Health and Wellbeing Forum (formally the Place Forum).

In 2022 Wellbeing for Life went from strength to strength with over 1000 contacts made and presence at events across Coventry & Warwickshire from large festivals such as Leamington Pride to smaller events at community venues.

The Workplace Wellbeing Forum was launched in March 2022 with the second one in September seeing attendance double and focusing on mental health and specifically how businesses could support their staff around the fuel and food issues.

The Wellbeing For Life website has seen increased footfall over the year and two pilot schemes ran across the county engaging primary schools in signing up to the National Sugarsmart programme and small businesses trialling the micro business healthy workplace scheme.

What's Next for Wellbeing for Life?

Building on 2022, W4L has Workplace Wellbeing events planned for 2023 with the aim of handing over the reins to businesses across all primary schools, engato run and PH in a supporting role, continuing the roll out of Sugarsmart ging with community groups on how best to promote self help on health issues that matter most to them, and continuing the roll of the pilot healthy workplaces accreditation in libraries.

Looking ahead – 2023/24

Warwickshire Health and Wellbeing Board

Introduction of market place in Shire Hall Antechamber prior to formal board in order to allow for networking opportunities as well as the promotion of health and wellbeing programmes of work/services

HWBB Place Partnerships

- Greater connectivity between health and wellbeing and Levelling Up to be achieved by aligning the two agendas and utilising existing place partnership structures and mechanisms for reporting
- Allocation of £150k between three place partnerships to support the delivery of the Tackling Social Inequalities Strategy priorities (allocated based on need)

Better Care Fund (BCF)

- BCF Annual Plan submission is being worked on and an extraordinary HWBB sub-committee will be called in June 2023 to sign-off the Plan.
- Policy objectives remain the same for 2023-24:
  - Enable people to stay well, safe and independent at home for longer.
  - Provide the right care in the right place at the right time.
- Submission of the BCF Plan
- Warwickshire are taking part in a national frontrunner project to look at the hospital discharge community recovery service (*more details on slide 15).*

Warwickshire Hospital Discharge Community Recovery Service

High Level Plan 2023 -2024

Our vision is that Warwickshire people in an acute hospital, who need further support to recover, will have access to effective therapeutic intermediate care services within 24 hours of no longer meeting the criteria to reside.

Through the delivery of a new Community Recovery Service we aim to:

- Increase the number of people receiving rehabilitation and recovery services after an acute hospital admission, increasing people's functional outcomes and ability to remain independent at home.
- Decrease the need for long-term care by decreasing demand and acuity.
- Reduce length of stay and bed days lost by decreasing the number of people staying in an acute hospital who should be at home (or in more appropriate community bed-based care)

April to June 2023

Warwickshire Hospital Discharge Community Recovery Service will consolidate Pathway 1 services from nine to three

Home Based Therapy
Stroke
Package of Care Increase
Community Response Team
Reablement
Continuing Healthcare
Package of Care New
Community Nursing
Rapid Home Discharge

TO

Community Response team | **Community Recovery Service** | **Reablement Service**

TO DO THIS WELL WE WILL

- Commission a short-term domiciliary care service for patients to start within 24 hours of being referred to the Community Recovery Service
- Introduce a single referral form and single point of access for the Pathway 1 services to include Continuing Healthcare by the end of June
- Enable more people leaving hospital to access a mix of domiciliary care and therapy support at home to regain and maintain their independence
- Increase capacity to support trauma and orthopaedic patients to go home with support

TO ACHIEVE THIS WE NEED TO

- Engage and work collaboratively with the voluntary and community sector to support people's needs in the community
- Agree case management, care coordination and escalation for people on this pathway considering blended roles and place -based MDT's
- Increase efficiency and effectiveness of hospital discharge processes so people are ready to go home as soon as they no longer meet criteria to reside
- Fast track the availability of equipment to support people at home
- Baseline our position and introduce new recording and reporting mechanisms to monitor activity and impact of the Community Recovery Service
- Increase therapy support in the community, introduce more capacity and increase effectiveness of current resource

July 2023-March 2024

Review and refine the Community Recovery Service offer based on feedback	Continue to adapt the therapy workforce and implement the Therapy Workforce and Training Plan	Progress lead commissioning arrangements for Discharge to Assess in Warwickshire	Consider the NHS role in supporting domiciliary care	Influence development of the NHSE Intermediate Care Framework

TO DO THIS WELL WE WILL

- Establish a reference group to review activity and impact data, and stakeholder feedback, to further refine the Community Recovery Service
- Work with Healthwatch and consultation and engagement leads in SWFT and the Council to design and deliver an approach to resident engagement
- Re-establish and reposition the offer from the Community Response Team and Reablement ensuring they align with the Community Recovery Service and continue to deliver positive outcomes for residents across the spectrum of need, as well as across the community
- Evaluate the benefits of direct provision by the NHS in order to support the domiciliary care market
- Implement the plan to review and progress lead commissioning arrangements for Discharge to Assess in Warwickshire

TO ACHIEVE THIS WE NEED TO

- Establish the most effective methods for engagement and review drawing on all available data
- Secure resources to enable engagement touchpoints with providers and people in receipt of the Community Recovery Service to review and refine the offer
- Work proactively with the Community Response Team and Reablement Service to reposition the offer to Warwickshire residents
- Monitor the impact of the Community Recovery Service, including financial impact, and develop proposals for future models of care and support
- Support the review and re-design of Continuing Healthcare processes
- Continue to actively engage with the NHSE Intermediate Care programme and community of practice
- Continue to work collaboratively with the voluntary and community sector testing new approaches to meeting people's needs in the community

Partners involved

NHS University Hospitals Coventry and Warwickshire NHS Trust

NHS George Eliot Hospital NHS Trust

South Warwickshire NHS NHS Foundation Trust

NHS Coventry and Warwickshire Partnership NHS Trust

NHS Coventry and Warwickshire

Rugby Borough Council

North Warwickshire Borough Council

Nuneaton & Bedworth United to Achieve

Stratford-on-Avon District Council

Warwickshire County Council

west midlands police and crime commissioner

Philip Seccombe Police and Crime Commissioner for Warwickshire

Warwick District Council

healthwatch

Warwickshire Police Protecting our communities together

Glossary

JSNA – Joint strategic needs assessment

HWBB- Health and wellbeing board

BCF- Better care fund

ICS- integrated care system

ICB- Integrated Care Board

ICP- Integrated Care Partnership

HiAP- health in all policies

HEAT- Health equality assessment tool

CYPP- children and young people partnership

CYP- Children and young people

WCC- Warwickshire County Council

LMNS- local maternity and neonatal system

Agenda Item 3

Health and Wellbeing Board

24 May 2023

Accessibility of health and care services

Recommendations

That Health and Wellbeing Board:

1) Notes the current picture of health and care service challenges and opportunities related to access; and

2) Considers how the Health and Wellbeing Board, and its constituent organisations, can engage with improving the accessibility of health and care services for residents.

1. Executive Summary

1.1 This paper sets out the context for the discussion item on access to services. It aims to draw together a number of papers that relate to access and are scheduled for discussion at Health and Wellbeing Board (HWBB) in May 2023. The following papers relate to the discussion item on access:

- Item 2 - overarching paper providing the context behind issues with access to services
- Item 2a – what we have done so far - Health Overview and Scrutiny Committee paper following the completion of the General Practice Services Task and Finish Group (GPTFG)
- Item 2b – what we plan to do next - Integrated Care Board (ICB) Joint Forward Plan (JFP)
- Item 2c – what research we are carrying out - health inequalities research into access of community diagnostics centres (CDCs)

1.2 For the purposes of this paper, the associated papers and the subsequent discussion item, we consider that issues in accessibility of health and care services may include transport and travel costs, opening hours of services, and the ability to secure an appointment via phone/online booking systems as well as the capacity of a service.

1.3 Access to effective and sustainable services is a key ambition within Warwickshire's Health and Wellbeing Board Strategy 2021-26 (HWBB Strategy). Within the Strategy, Board members agreed to "*seek to develop accessible, responsive, and high-quality services that are designed in a way that seeks to reduce inequalities in health"*. This ambition is echoed in the Coventry and Warwickshire Integrated Care Partnership Strategy (ICP

Strategy) which aims to improve both access to, and trust in, health and care services. In addition to this, a core purpose of the Integrated Care System is to 'tackle inequalities in outcomes, experience and access.'

1.4 In both key strategies for Warwickshire, health and care services are referred to in the broadest sense and include those services considered as the 'wider determinants of health'. These include employment and education, housing and leisure, as well as those provided by the community and voluntary sector.

1.5 In addition to the HWBB Strategy and ICP Strategy, accessibility was further raised in Warwickshire's Director of Public Health Annual Report 2022, which focused on the impact of the rising cost of living on health. A recommendation within the report was for key anchor organisations and service providers to consider opportunities to increase accessibility to healthcare services for those who will experience the impact of the cost of living most acutely. This is most likely to be people who already experience inequalities in health such as inclusion health groups, people living and working in poor conditions and those on lower incomes.

1.6 An example of a group whose access can be disproportionately affected by the rising cost of living includes children living with 'life limiting conditions' (LLC). Children with an LLC are highly vulnerable to less visible challenges to accessing care. Children with an 'LLC' are more likely to need specific access to transport as the risks of pathogens, space requirements for equipment and other individual needs are likely to vary. The increased quantity of medical appointments and the specific needs of transportation can jeopardise a child's access to services as factors such as transport availability, cost, and caregiver demand all contribute to this service access challenge. Through the child death review process in Coventry and Warwickshire, the need of children with an LLC to be highly contingent on the availability of, or access to, transport has been identified. Without clear routes to access transportation, awareness of familial circumstances or equity planning; a child with an LLC may not be able to access health services and may 'not be brought' to appointments.

1.7 Healthwatch Warwickshire's research into the rising cost of living and access to services found that the rising costs of medication, phone calls and internet access to booking systems, as well as increased travel costs have been adversely affecting people across Warwickshire. Similarly, at a national level, Healthwatch England reported that the proportion of people avoiding an NHS appointment due to the rising cost of living had almost doubled from 6% in October 2022 to 11% in December 2022. Healthwatch England also reported an increase in people avoiding dentistry check-ups because of the anticipated costs. Accessibility to pharmacy services was not picked up as a theme from the research, however with a number of pharmacy closures across Warwickshire, there may be implications for any patient pathway seeking to divert people from primary care to pharmacy based support.

1.8 Item 2a reports the findings from the 2022 GP Services Task and Finish Group. Issues in accessibility were raised as part of the work of this Group, alongside the contextual challenges leading to issues in access. These

include a doubling of demand over the previous 10 – 20-year period and a reducing GP workforce in real terms, when compared to population growth. There is a recommendation within the report of the Task and Finish Group for HWBB members to support communications activity with communities to explain the revised primary care service delivery rationale.

1.9 The ICP Strategy has been informed by engagement undertaken with local residents across Coventry and Warwickshire (appendix A). Access to services was a key theme reported throughout the engagement process. More specifically, access to General Practice was of most concern as it was seen as the gateway to all other health services. Access to, and availability of, dentistry appointments were also raised as a significant concern, which aligns to findings from previous research Healthwatch Warwickshire had undertaken. As of April 2023, the ICB has taken over commissioning responsibility for dentistry, which may provide greater opportunity to influence the services as a more localised level.

1.10 The ICP Strategy recognises the need to focus on access across five different areas: mental health, elective care, learning disability and autism and primary care. Item 2b on the ICB Joint Forward Plan sets out how this will be achieved cross Coventry and Warwickshire. Implementing the Fuller Stocktake is a key to improving primary care access. Research by the King's Fund fed into the Fuller Stocktake and highlighted that the ways in which policy has sought to improve general practice is often poorly evidenced and has the potential to exacerbate inequalities in health. For example, payment by results and other target setting practices often inadvertently favour GPs in more affluent areas, where targets can be more easily reached. In turn, more resources become available to those in affluent areas, whilst those in least deprived areas potentially fall behind.

1.11 Reasons for inequality in accessibility to community diagnostic centre (CDC) services are currently being explored across Coventry and Warwickshire. The aims of the research, led by the ICB and Coventry University, are to:

- Increase our understanding of the barriers faced by local population groups in accessing diagnostic services; and
- Explore how these can be overcome such that these populations feel better supported to access necessary diagnostic tests in a timely manner

1.12 The findings from the research and opportunities for improvements to access for specific groups will be shared across the system to support and influence change.

2. Financial Implications

2.1 None arising directly from this Report. Any initiatives or activities arising from discussion of the Report will need to be met from existing budgets.

3. Environmental Implications

3.1 None arising directly from this report.

Appendices

None.

Background Papers

None.

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The report was circulated to the following members prior to publication:

Local Member(s): None
Other members: Councillors Bell, Drew, Golby, Holland, and Rolfe

Coventry and Warwickshire
Integrated Care System

Local priorities for Integrated Care

Interim Public and Community Engagement Report 2022

Coventry and Warwickshire Integrated Care Partnership (ICP) is currently developing the Integrated Care Strategy to set out how the assessed needs (from the Joint Strategic Needs Assessments already developed by local authorities) can be met. It will outline the direction of the system, setting out how decision makers in the NHS and local authorities, working with providers and other partners including the voluntary sector, will deliver more joined-up, preventative, and person-centered care for their whole population, across the course of their life.

As a system we needed to make sure that the development of the Integrated Care Strategy and the Integrated Care 5-year Plan is done in an aligned and connected way, with local communities, stakeholders and all other interested groups and individuals in the strategy communicated with, engaged and involved throughout.

From 20 August until 30th November 2022 a group assembled by the ICP to lead on the development of the strategy undertook engagement work with local communities, the ICS workforce, stakeholders and the voluntary and community sector to fill in those gaps identified in the desktop research and hear more about local priorities for health and care. This document provides a summary of this work, the themes emerging from the engagement and recommended actions for the development of the strategy as well as for the upcoming Integrated Care Five Year Forward Plan.

NOTE: This engagement report has been prepared to inform and support the first draft of the Integrated Care Strategy for submission and provides insight into the common, cross-cutting themes which we heard throughout our engagement.

Engagement continued until the 30th November and there remains significant work to do to further interrogate the outputs of this work to fully represent the views which we heard over the course of the engagement, particularly to understand the priorities and experiences of individual communities and to identify the inequalities in experiences and needs.

This information will inform the Integrated Care Five Year Forward Plan development, ensuring it is representative and addresses the needs of all local communities, our workforce and other stakeholders.

Methodology for engagement

This engagement needed to be completed with the support of all ICS partner organisations, as well as those wider partners in the voluntary and community sector and our local communities, in order to ensure our reach was wider than those who the NHS has historically engaged.

An engagement task and finish group was established, including representatives from Local Authorities, NHS organisations, the voluntary and community sector, faith groups and others, to first establish what we already know from previous engagement to feed into the development of the strategy. The group then supported further engagement across the area to ensure that the feedback gathered accurately represents the priorities of residents, particularly those with a protected characteristic.

Identification of audience

As a health and care strategy for the whole of Coventry and Warwickshire, we were aware that the strategy has a potential impact on every person within this area.

The overall intention of our approach is that we only ask our public and stakeholders to become involved in the development of the Integrated Care Strategy and Integrated Care 5-year Plan when it is meaningful, and we strive only to ask for input when we know that we have a gap in our knowledge.

A significant piece of system wide mapping and analysis had already taken place to determine the insight already available within the system in order to avoid duplication and asking people to repeat information they have already shared within the ICS. All ICS partners contributed to this desktop research exercise to ensure a broad reach throughout the population.

Following this analysis work we identified that we already had a wide range of insight into people's priorities around health and care, as well as those issues which may influence their health and wellbeing, the wider determinants of health. Considerable work has been undertaken via the local authorities to engage with their local populations and understand their priorities, such as through the development of the One Coventry Plan and the Community Powered work in Warwickshire as well as the work of the Directors of Public Health, and those learnings were key to the writers of the strategy, particularly in addressing areas of prevention and the wider determinants of health.

The Engagement Task and Finish Group identified that the gap in our knowledge was around the integration of services and priorities for health and care.

As we already had significant information about local people's priorities we focused the majority of our engagement on the following audiences

- Regular users of health and care services
- Carers
- Those with a characteristic which may affect how they perceive and receive health services including

  - Older people
  - Faith groups
  - Those of different genders or sexual orientation
  - Children and young people
  - Users of antenatal and maternity services
  - Local Black, Asian and Minority Ethnic communities
  - Those with a long-term condition / cancer service users
  - Refugees and asylum seekers
- Core 20 plus 5 groups
- Workforce across the ICS
- Voluntary and Community sector workers

However, we wanted to ensure that everyone who wanted to have a say had the opportunity to do so. To support this we promoted our online survey to a much wider audience, supported by the engagement task and finish group. These audiences included

- Housing Association residents
- Patient Participation Groups
- Wider community groups
- Local residents via local authority contact routes, posters and flyers

Targeting methodology

The engagement took two forms

Qualitative – Targeted focus groups and one to one conversations

An engagement calendar was developed to enable us to talk directly to residents of Coventry and Warwickshire and to hear about their priorities for health and care and what integration means to them. These opportunities targeted both those groups who are within the ‘Core 20 plus 5’ groups and those who are seldom heard or who may not be able to access online services to ensure their voices were heard.

Our primary route for qualitative engagement was through attending group sessions, both on and offline, to give a presentation on the background to the development of the strategy and then run a discussion session where people were able to share their thoughts on integration and their priorities for health care.

The content of our engagement activity was adapted at each session to meet the needs of individual groups, for instance; people with a sight impairment or who had difficulty with their hearing meant adjusting the session, giving extra time to feedback and speaking to individuals on a one-to-one basis.

There were some groups who requested to have the entire session interpreted in their language as English was difficult for them to understand. Volunteers and Co-ordinators who run local support

groups were key in liaising with the engagement team by making sure that we were prepared in advance to meet the needs of community groups.

Representatives from the ICB engagement team also attended a range of community events to have one on one qualitative discussions around their priorities and views on integration.

Quantitative – Survey on Integration and Priorities

We launched an online survey which was being promoted widely through ICS and ICP networks via email, newsletter articles and posters. This survey remained open for a month to enable people to contribute.

The survey incorporated the following questions

- What is the one thing that matters most to you about health and care services?
- What (if anything) stops you from accessing the health and care services you need?
- What is one thing you would change about how organisations provide health and care services for you?
- What do you think is the most important thing for health and care organisations to work together on now as a top priority?
- What other things do you think should be prioritised?
- If all health and care services worked more closely together would it improve the care you receive?
- If all health and care services worked more closely together would it improve the way you can do your job? (Note – this question was for those who work in health and care or with caring responsibilities)
- Is there anything else you'd like to tell us?

We recognised that not everyone is able to access an online survey, so paper copies of the survey were also produced and circulated through community representatives as well as by the engagement team at health events.

Overview of engagement results

Breakdown of audiences reached

Format	Involvement uptake
Online survey	244 people completed the online survey
Face to face	26 engagement sessions took place in various community settings 686 individuals participated in the sessions
Paper surveys	72 paper copies of the survey were completed
Virtual sessions	8 virtual sessions online
One to one	35 individual conversations
Translated sessions	4 individual group sessions translated

Detail of quantitative and qualitative research

Qualitative research

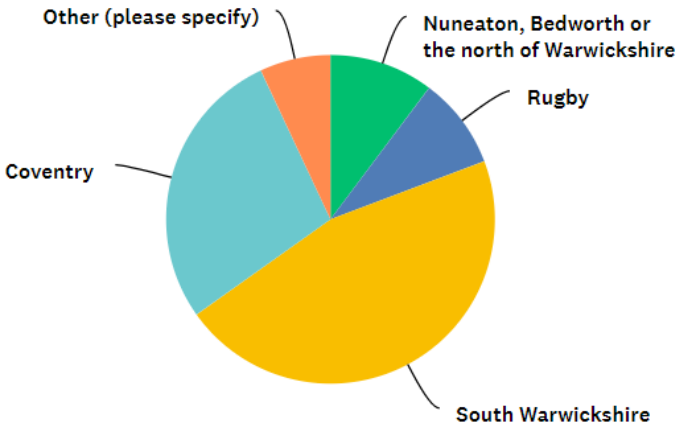
The response we have received from local communities and support groups was encouraging and the willingness by community leads to engage was extremely positive. We engaged with sectors of society who are vulnerable, under-represented and seldomly heard across the NHS system

Groups and communities involved in engagement		
South Asian community groups	Learning disability groups	Men's health support groups
Black and African Caribbean groups	Cancer support groups	Care Homes staff
Ante-natal support group	Charities	NHS and social care staff
Refugee, migrant and asylum seeker groups	Elderly support groups	Roma and gypsy traveller group
Mental health support groups	Housing support groups	LGBTQi+ support groups

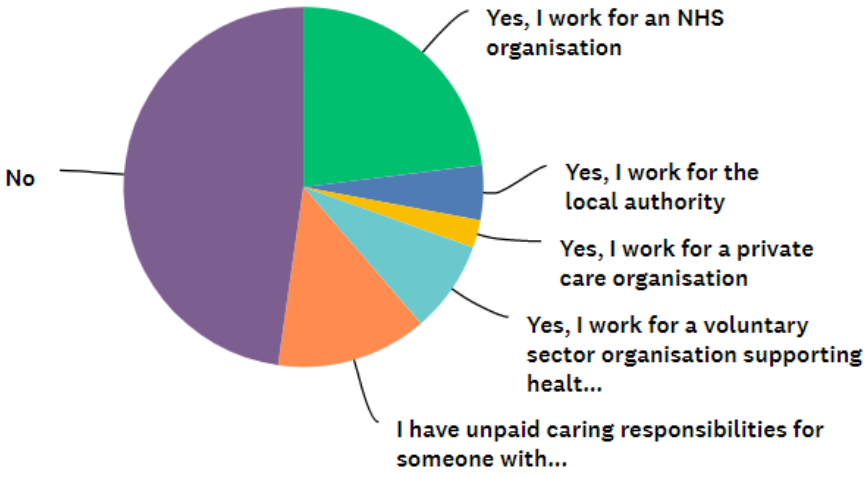
A full calendar of events and list of groups can be found in Appendix A – Engagement calendar

Breakdown of respondents online:

The majority of respondents to our online survey came from South Warwickshire.



The majority of respondents to our online survey were local residents but not employed by the health and care service (Shown here through the no response following the question “Do you work in health and care”)



Online survey equalities responses

The diversity of our survey responses does not reflect the diversity of the population of Coventry and Warwickshire. We have mitigated against this in our face to face work, ensuring that we gathered the views of a diverse range of local communities.

What is your sex?	Is the gender you identify with the same as your sex registered at birth?	What age group do you belong to?	What is your sexual orientation	Do you have caring responsibilities for someone with a physical or mental health care need?
184 - Female	231 – Yes	(18-24) – 5 people	< 5 - Bisexual (both sexes)	66 – Yes
49 - Male	< 5 – No	(25-34) – 18 people	200 - Heterosexual (other sex)	163 – No
5 - Prefer not to say	5 – prefer not to say	(35-44) – 34 people	< 5 - Lesbian woman	8 – Prefer not to say
		(45-54) – 50 people	< 5 - Gay man	
		(55-64) – 47 people	25 - Prefer not to say	
		(65-74) – 52 people		
		(75+) - 29 people		
		< 5 - people prefer not to say		

What is your ethnic background?	Do you consider yourself to have a disability?	Do you consider yourself to have any religion?
122 – White	192 – No	102 - Christianity
86 - Welsh/English/Scottish/Northern Irish/British	40 – Yes	< 5 - Hinduism
8 – Asian, Asian British	6 – Prefer not to say	< 5 - Sikhism
< 5 – Asian and White		< 5 - Islam
< 5 – Mixed		< 5 - Judaism
< 5 – Indian		< 5 - Buddhism
< 5 – Black, Black British		5 - Atheism
< 5 – Chinese		94 - No religion
		24 – Prefer not to say
		5 - Other

Key themes

Throughout our engagement we heard a number of key themes emerge as to what people's priorities were. These are cross-cutting themes which remained consistent regardless of the social-economic, age or other characteristics of the group in discussion.

The themes were

- Access to services
- Digital inclusion
- Trust in services

These themes, which are explored in more detail below, helped shape the overarching strategic structure and focus of the strategy.

Access to services

Overwhelmingly, across all groups, access to primary care services were raised as people's biggest priority for health and care. The GP is seen as the gateway to all other health services, and there was a significant level of concern and distress that these services were not perceived to be accessible, with many noting that this seemed to be a change for the worse since COVID. Although dentistry does not at this stage fall under the remit of the ICB, there was significant concern raised about access to dental services as well.

The focus of feedback was very strongly based around the access to primary care services, with many people reflecting that once they had managed to secure an appointment they were happy with the care they received.

The issues raised with access raised can be broken down into specific areas

- Booking an appointment with a GP practice
- Receptionists as barriers to access
- Face to face appointments
- Ordering prescriptions
- Access to dentistry

GP Services are the services which the majority of people access most often, so it is natural that it is what comes up most in discussion with local communities as the vast majority of people who are broadly healthy do not interact with wider service. However, this does not mean that access is not proving an issue in other areas and is important to reflect the wider picture. Respondents shared many other experiences of struggle to access urgent care services, which are summarised below.

Booking an appointment at a GP practice

Many respondents raised issues with getting through to their GP practice on the telephone to book an appointment. Many reported that the only way to get an appointment at their practice was to call at 8AM and get in an, often long, queue and when they did manage to get through all the appointments for the day were gone.

"GP appointments not available and patients asked to ring following day after 8am. This carries on for days."

"It's important for us from an LGBTQi community that we build trust with one clinician, it's a challenge to even get an appointment when calling the surgery at 8am - there are serious issues in accessing primary care services."

"Trying to get through when you need a GP appointment. e.g. Phoning at 8.30 a.m. and sitting in a queue for 40 minutes with no guarantee of getting an appointment."

'GP Appointments very difficult – problems with language, access to GP services remotely does not work, GP appointments take a long time and the GP call back do not always work – window given is too long and people have to get back to work and for genuine reasons cannot answer the calls with the GP rings.'

'We have to wait for a long time to get through to the Drs - people's phone bills are going up as a result of this long wait!'

Getting through on the telephone - not being number 30 in the queue without speaking to a receptionist. Sometimes I have to wait up to an hour on the phone.'

"Make it easier to contact GP practices/get appointments"

'Accessibility to doctors, we need more appointments either face to face or by phone.'

Receptionists

People also raised issues with dealing with receptionists at their local practice. Many people reflected that they feel that the receptionist is a gatekeeper to GP services and makes the decisions on whether they feel the patient needs an appointment or not. This raised concerns for people about privacy, as well as frustration that the receptionist was able to block them from what they considered to be essential appointments.

‘I get very distressed and anxious when having to call the Drs surgery, I don't like to explain my personal health problems to the receptionist.’

‘Receptionists in GP surgeries are the biggest challenge.’

‘To be able to at least speak to someone if you have to ring for appointments that can offer you effective advice, a lot of the time you have to speak to receptionists who may not have that experience to offer

‘We need a more confidential service at the GP reception desk!’

“We should have medically trained receptionists - this could ease pressure on doctors and nurses.”

Access to face to face GP appointments

Seeing the GP in person is another area where people perceive access has become much more challenging. The reasons behind this varied, but the most common reasons given by people were a lack of trust in digital services, concern they would not get the same level of treatment over the phone or online.

Lack of face-to-face appts and GP services being too quick to assess over the phone which is leaving lives at risk.’

‘We need face-to-face appointments - the Dr tells you to take a picture of your skin condition - how can this to be a true reflection of my condition as my skin colour is black and you can't see a rash on black skin in a photo.’

As an elderly person you want to see someone face to face rather than talking about your health condition over the phone

‘Accessibility to doctors, we need more appointments either face to face or by phone.’

“Face to face means I can get the vibe if they are racist or not – can’t put my finger on it but when you see them [face to face], if you know, you know. How can I trust him if I can’t see him”

Prescription ordering

In Coventry and Warwickshire, many GPs use the “Prescription Ordering Direct” or POD service to facilitate ordering of prescriptions, as part of an initiative to reduce waste and support people to only order what they need. This service was a theme predominantly with older age groups who were often on multiple medications and struggled to use the POD service effectively, reporting long waits on the phone, difficultly with using the callback options on the web or ordering online. This service was not mentioned by any respondents on the online survey, which suggests that those more comfortable with online are better able to navigate the service online and avoid the call center.

‘Sometimes we have to wait for over an hour to get through to the POD service to order medications!’

‘Is it acceptable to call the POD service 52 times before you get through to a call handler to order one repeat prescription?’

‘The POD service is not working for patients, long delays and phone lines are busy all the time.’

The email prescription service only works for people who can get online.

Access to dentistry

Although dental services are not yet a part of the ICB, they are primary care services which do have significant impact of people’s wider health and wellbeing and people reported significant issues in access. As we continue our journey to closer integration and are seen as the responsible organization for dentists we expect that the volume of this sort of feedback will increase.

The old dental care system worked better!’

‘How will Dentists operate under the new ICB organisation (they will need to work together to fulfil their contracts).’

Access to dentists is another problem for local people.

women in refuge [are] unable to access dentists

We need to have more dentists, GPs, nurses, ambulance and hospital staff so that patients are seen quicker.’

Access to urgent care services

Although GP services received the most commentary about the access issues which people are experiencing, there was significant concern relating to the availability of those services needed when you have an urgent or emergency care need. People are concerned about the waiting times and the availability of urgent care services close to where they live and shared many personal experiences of long wait times.

> Very long waits for ambulances and in A&E departments – sometimes more than 12-15 hours.'
>
> Ambulance waiting times are appalling!
>
> 'Ambulance waiting times are too long and there is staff shortages in the NHS.'

> 'We have to wait for hours at the walk-in centre but at least you can see a doctor.'
>
> 'I waited 6 hours to see a Dr at the [walk-in] centre.'
>
> 'The walk-in centre is helpful but the waiting time is too long.'

> 'Long delays at A&E – 10-12 hours.'
>
> 'Since the A&E service was taken away in Rugby - people are struggling with their health and have to travel out of area.'
>
> 'Admission times at A&E are extremely long waiting hours, I've seen patients vomiting in their waiting chairs.'

Digital Inclusion

This theme was one which was raised, understandably, more within our face-to-face meetings than in our online survey, however within the context of the face-to-face discussions it was one that came up repeatedly and for a variety of different reasons. The move of services from face-to-face and telephone based to online services has caused significant concern to many residents, particularly those who are not used to using digital services or do not have regular access to the internet. A recurrent theme in the feedback was worry about being shut out from services and left behind because they did not have the resources or the ability to access things online. This was not just health services but also services to access support for local authority services such as warm home support or the Department of Work and Pensions.

With regards to the resources to access, what people most commonly referenced was the cost of accessing digital services both in lack of suitable equipment and data costs.

> Too much by mobile – who is going to pay for my WiFi?
>
> 'If you are struggling with your mobility or if you don't have good digital access you easily give up - how can people access the service in a more equitable way?'
>
> Trying to join up support and access is a real challenge for those people who don't have access to digital technology.
>
> We have a very clear digital divide which needs addressing - there needs to be more inclusion for people who do not have technology.

When ability was raised there was considerable concern that, particularly the older generation lacked the knowledge and ability to navigate through online services. Although voluntary sector and local authorities used to provide support in this, it was also noted that many of them had shut down during COVID and not reopened, leaving people feeling more isolated.

People being forced to use technology they don't know how to and the services which used to help them are gone

Some of the elderly Asian people do not know how to use a computer or book appointments online.

Community members particularly the older members lack IT knowledge and how to use technology. Training should be made available and having videos in different languages to educate community members.'

We need more access to blood test services - some people don't know how to book online.

Even if resource and ability are not at issue then there is still reluctance from people to access online services for health as they do not feel they get the same response from clinicians online that they would if seen in person.

Being able to get an appointment and talk Face to Face and not these phone calls and online chats, that's how things are missed.

Digital technology is not for everyone - not many elderly people know how to use a smartphone.

Less online more access to people contact, more concern for the older generation that don't like or do modern technology

What will happen to the older generation who do not use digital technology - how are they supposed to communicate online?

It is also important to note however that, amongst those who can access online services and filled in the online survey, there was considerable support for the extension and implementation of more online services. This was frequently mentioned in the context of improving access to GP services.

[The one thing I would change would be] Online appointment bookings for routine non urgent situations

Make it more accessible e.g. be able to book appointments on online at suitable time, have online meetings if possible

Better online systems and virtual appointments (triaged by reception first).

Back to being able to book Appointments online.

provide email and online consultation bookings for patients who can use online. there are many things we want to talk to doctor about that are not extremely sensitive, and often it is easier to write things than talk to receptionist

more online access: fill in forms and book appointed call back from a professional. This would allow you to get on with your day e.g. no hanging on for a GP as soon as they open to try and get an appointment only to be asked to call back at another time/day - when you work it is very hard to fit it in

Trust in services

Throughout our engagement we heard from people who are concerned about the sustainability of health and care services and are losing trust in its ability to respond if they have a health or care need. This is partly as a result of the two previous themes as people struggle to access the services that they need and feel shut out from digital services that they may not have the ability or the resource to access. Public perception of services also plays a large part, with several respondents expressing concern that services will not be able to cope with them if they were to attempt access, meaning they were choosing to not even try to make contact to get support.

Fear of how I'd be treated, not able to get an appointment when needed due to having to phone that morning and hope to be high up enough in the phone queue

Long wait times to get through to someone who then stops you accessing the care you need

The system discourages easy access. Services increasingly limited.

There is no link up no who do you go to its assumed families will do it...I'm single? And I haven't even EVER seen any medical person regarding having dementia.

Knowing how swamped NHS staff are, not wanting to add to their workload or inconvenience them

I am concerned that services are under increasing pressure and the quality of provision may suffer as a result.

Lack of understanding of who does what /worried about cost/waiting lists

Distrust of who I might see (due to new jobs introduced especially in mental health services like trainee WP's seeing people for counselling whereas years ago you would have typically seen a trained counsellor)

Difficulty to get appointments, long waiting lists, only seen if emergency - and then only if lucky.

Too much red tape, being told you don't meet an arbitrary invisible criteria when you are begging for help.

Not wishing to be a burden on what appears to be an overstretched service for what would be perceived as relatively petty problems to some people

Conclusions and recommendations

Conclusions

Throughout our engagement we heard from a wide range of local people and communities regarding their priorities and how they felt about services. People were willing to share their experiences and talk openly about what mattered most to them, and though our work we were able to reach a wide range of local communities.

Their key issues were as follows:

Access to services

It was striking that, although there were issues raised with specific services and people's experiences of them, for the most part when people were able to get to a service or speak to a clinician or other relevant health and care worker who was able to support them, people were happy with the service which they received. This highlights that access (and lack of access) is considered to be the biggest priority and concern people have around health and care services.

Access to GP services was something we heard about from every group that we visited, and also formed a large part of the feedback received in the online survey. Although it is important to note that this is likely in some part due to the proportional amount of appointments GPs deliver within the health system, the vast majority of people who raised issues had experienced them personally. This is not something which was caused by negative media or "received wisdom", the issues are very much real and seeing them addressed is a key priority for many of our local communities.

However, it is important to break down the areas which are causing most concern and where people feel things could be improved.

- Booking an appointment
- Receptionists as barriers to access
- Face to face appointments

With booking appointments, the single biggest issue was the need to phone at 8AM and get into a queue, referred to by one respondent as "The 8AM hustle". Several respondents to the online survey offered the solution of re-introducing online booking for appointments while others felt that the ability to book appointments in advance, particularly for long term conditions would help. This issues is something which must be considered, looking at how the Strategy and associated Forward plan can support GP Practices to deliver online or other mechanisms for booking.

Particularly in our face to face conversations respondents raised issues with GP receptionists. This specifically focused on concern of the lack of privacy and dignity in describing a health issue to a non-medical professional but also resentment in feeling that the receptionist was the one making the decision as to whether they thought the condition was serious enough to "need" a GP appointment.

This issue could, in part, be addressed through better patient education, supporting people to understand more clearly the reasons why a receptionist may ask for a brief summary of the reason for wanting an appointment, and informing the patient of the mechanism in place to protect their confidentiality. It will also be important to communicate the scope of the receptionist role to patients, and that the receptionist is not in a position to do any form or medical triage.

The issue with face to face appointments is ongoing despite the number of face to face appointments delivered in Coventry and Warwickshire increasing over the past months. It is important to understand the reasons behind a desire for face to face appointments are both varied and valid and not dismissed as personal preference. There are real concerns among local residents that the service may not be as effective online, one example raised was the doctor asking to send a photo of a rash, but the patient feeling that he needed to see them in person as they have black skin and a rash will not show up well in a photograph. These reasons must be recognized and clearly addressed in order to build confidence in online consultations.

Issues with access are multi-faceted and it would be a mistake to only focus on General Practice when considering a response. Waiting lists and referrals for hospital treatment were also mentioned frequently as well as access to urgent and emergency care. Local communities are fully aware of the extreme pressures on health or care services and this is leading to them making decisions not to access care at all, or in a timely way. This area is picked up further below.

Digital Inclusion

Digital services are part of our future, and this is widely welcomed by many, who see them as the solution to some of the access issues outlined above. However there remains a significant cohort of people who are not able or willing to access these services, either because they lack the resources or ability to do so, or because they do not trust them.

It is important that these concerns are acknowledged and mitigations put in place to support people to access care through other routes. Training and support was suggested as being vital to supporting the uptake of digital services, but this will not be suitable for everyone and it is important to avoid the onus being put upon the service user to learn, without also acknowledging the need for support and alternative routes of accessing care for those who are unable to do so. Many barriers to accessing service digitally were raised across our focus groups, and these barriers must be acknowledged and address as part of the development of the Strategy and Integrated Care Five Year Forward Plan.

Trust in services

Throughout our engagement, both on and offline, we heard a great deal of concern and worry across the full range of health and care services. People are worried that the services won't be there when they need them and they don't want to burden an already overstretched system. This lack of trust is a combination of personal experiences in struggling to access service and the information they hear on the news and from others. Some respondents said that their concerns about the pressure on the health system is one of the biggest barriers to them trying to access care, which can lead to people's conditions escalating and becoming an emergency.

In addition to access issues, there were a cohort of respondents who expressed a wider lack of trust in health services, having little faith that they would be treated equitably and fairly.

Improving trust in services is not something which can happen in isolation and can only be achieved through acknowledging and addressing the reasons which lie behind the lack of trust. This engagement work forms a part of that, and the data must be more fully interrogated to understand the individual priorities and needs of the different communities we serve so that we can begin the process of building trust. It is important that the Strategy and Integrated Care Five Year Forward Plan reflect these priorities and continue to be developed in as inclusive way as possible, allowing all voices to not only be heard, but to influence and lead change.

Recommendations

- Recognise the need of improvement in access to GP appointments and consider where the Strategy and Integrated Care Five Year Forward Plan are able to support the delivery of changes.
- Explore production of information to explain the role of a receptionist in triage and appointment booking.
- Recognise the importance of digital inclusion in the development of the Strategy and Integrated Care Five Year Forward Plan.
- Acknowledge the lack of trust in health and care services to treat people equitably and ensure that inclusive service development is at the heart of the Strategy and Integrated Care Five Year Forward Plan
- Continue the process of ongoing engagement with all groups who have contributed to this work, sharing the findings and continuing the process of involving them in the development of all our work.

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Agenda Item 3(1)

Health and Wellbeing Board

24 May 2023

Coventry and Warwickshire Integrated Health and Care Delivery Plan 2023/24 – 2027/28

Recommendations

The Board is recommended:

1. To note the context, progress to date and work underway to develop the five-year Coventry and Warwickshire Integrated Health and Care Delivery Plan;

2. To note that the Coventry and Warwickshire Integrated Health and Care Delivery Plan is being developed as the health and care system shared delivery plan for the Coventry and Warwickshire Integrated Care Strategy, with the three strategic priorities and nine aligned areas of focus identified in the Integrated Care Strategy providing a 'golden thread' across the two documents;

3. To receive a draft of the Coventry and Warwickshire Integrated Health and Care Delivery Plan and to note the opportunity to provide feedback on the Plan both via the current meeting and outside of the meeting to the Portfolio Holder for Health (Councillor Bell);

4. To recognise the connectivity between the Warwickshire Health and Wellbeing Strategy, the Coventry and Warwickshire Integrated Care Strategy and the Coventry and Warwickshire Integrated Health and Care Delivery Plan (see **Section 4**);

5. Acknowledging that work to develop the Coventry and Warwickshire Integrated Health and Care Delivery Plan is on-going at the current time to meet the deadline to publish the plan by 30th June 2023, to agree that the ICB Chief Transformation Officer liaises with the Chair outside of the meeting to agree an approach to obtaining the Board's opinion as to whether the Coventry and Warwickshire Integrated Health and Care Delivery Plan ***"takes proper account of"*** the Warwickshire Health and Wellbeing Strategy.

1. Executive Summary

1.1 The current report provides an overview of the context, progress to date and work underway to develop the five-year Coventry and Warwickshire Integrated Health and Care Delivery Plan.

1.2 Recognising the requirement in national guidance for the ICB to seek the Board's opinion as to whether the Coventry and Warwickshire Integrated Health and Care Delivery Plan ***"takes proper account of"*** the Warwickshire Health and Wellbeing Strategy, the report also summarises the connectivity between the Health and Wellbeing Strategy, the Coventry and Warwickshire Integrated Care Strategy and the Plan (see **Section 4**).

1.3 The draft Plan can be accessed via the following link: https://www.happyhealthylives.uk/our-system/ihcdp/

2. Background

2.1 Through a report to its 11th January 2023 meeting, the Board was given the opportunity to review and provide feedback on the draft Coventry and Warwickshire Integrated Care Strategy ('the Integrated Care Strategy').[1] The Integrated Care Strategy sets the vision of integration and collaboration for the Coventry and Warwickshire Integrated Care System ('the ICS'), linked to the ICS's four core purposes to:

- Improve outcomes in population health and healthcare;
- Tackle inequalities in outcomes, experience and access;
- Enhance productivity and value for money; and
- Help the NHS support broader social and economic development.

2.2 As set out in the January report, the Integrated Care Strategy incorporates **three strategic priorities** and **nine aligned areas of focus**:

- **Priority 1**; Prioritising prevention and improving future health outcomes through tackling health inequalities;
- **Priority 2**; Improving access to health and care services and increasing trust and confidence;
- **Priority 3**; Tackling immediate system pressures and improving resilience.

2.3 The January report provided an overview of the approach that was taken locally to develop the Integrated Care Strategy, which was led by the Coventry and Warwickshire Integrated Care Partnership and co-developed by system partners through a widely inclusive process. The approach incorporated:

- Extensive system and partner strategy and engagement mapping to ensure alignment with and building on existing system-wide activity – with the starting point being an analysis of the Warwickshire and Coventry Health and Wellbeing Strategies;
- The collation of needs data from across the system, especially from the Joint Strategic Needs Assessments;
- Feedback from a range of public and clinical engagement activities as outlined in the *Local Priorities for Integrated Care* engagement report.[2] This engagement enabled the development of the three strategic priorities in the

[1] https://www.happyhealthylives.uk/integrated-care-partnership/icp-strategy/
[2] https://www.happyhealthylives.uk/integrated-care-partnership/strategy-engagement-with-our-communities/

Strategy to be informed by insight from diverse communities, especially those with protected characteristics and groups that experience health inequalities.

2.4 Connected to the development of the Integrated Care Strategy, and as signalled in the January report, the Health and Care Act 2022 requires the Integrated Care Board ('the ICB') and its partner NHS Trusts to develop and publish a five-year joint forward plan. Locally the plan – the Coventry and Warwickshire Integrated Health and Care Delivery Plan 2023/24 to 2027/28 ('the IH&CDP') – is being developed as the health and care system shared delivery plan for the Integrated Care Strategy. As such, the IH&CDP responds directly to the three strategic priorities and nine aligned areas of focus set out in the Integrated Care Strategy, as well as the identified enablers.

2.5 In line with national NHS guidance, the IH&CDP also addresses the delivery of universal NHS commitments, as reflected in the 2023/24 NHS Operational Planning Guidance and the NHS Long Term Plan, and the statutory duties of the ICB, including in relation to integration, quality, inequalities and finance.

3. Developing the Coventry and Warwickshire Integrated Health and Care Delivery Plan

3.1 In line with the process undertaken to develop the Integrated Care Strategy, the ICB has also taken an inclusive approach to the development of the IH&CDP:

- The Coventry and Warwickshire System Strategy and Planning Group has acted as the Steering Group for the development of the plan. The group's membership includes the Directors of Public Health for Warwickshire County Council and Coventry City Council, and the Chief Strategy Officers of the ICB and its partner NHS Trusts;
- The Directors of Public Health have co-led the development of the following sections of the IH&CDP aligned to Priority 1 (Prioritising prevention and improving future health outcomes through tackling health inequalities):
  - Reducing health inequalities;
  - Prioritising prevention and wider determinants to protect the health of people and communities.
- As part of the development process engagement has been undertaken with the three Places (Warwickshire North, South Warwickshire and Rugby) to capture and map key programmes and initiatives from Place Plans against the three Integrated Care Strategy strategic priorities so that these can be reflected in the IH&CDP;
- A range of system groups and forums have also been engaged, including the different Collaboratives (Warwickshire Care Collaborative, Coventry Care Collaborative, Acute Provider Collaborative and Mental Health Collaborative).

3.2 Given the fundamental links between the Integrated Care Strategy and the IH&CDP through the three strategic priorities and nine areas of focus, the engagement activities reflected in the *Local Priorities for Integrated Care*

engagement report (see **paragraph 2.3**) not only informed the development of the Integrated Care Strategy but have also provided insight to shape the development of the IH&CDP.

3.3 Through the System Strategy and Planning Group a set of principles were agreed to guide the process that has been undertaken to develop the IH&CDP. Critically, these recognise that the development of the IH&CDP will be an iterative process, with this year's document creating the foundations for future years to build on. The principles also acknowledge that the IH&CDP will be more detailed in relation to planned delivery activity for years 1 and 2 of the five-year plan period, with the later 3-year period being addressed at a more strategic level.

3.4 **Appendix 1** provides an overview of the IH&CDP structure.

3.5 The draft IH&CDP can be accessed via the following link – it should be noted that the plan is in draft at the current time and work is on-going to finalise a number of sections:
https://www.happyhealthylives.uk/our-system/ihcdp/

3.6 The three strategic priorities/nine aligned areas of focus and the enablers identified in the Integrated Care Strategy:

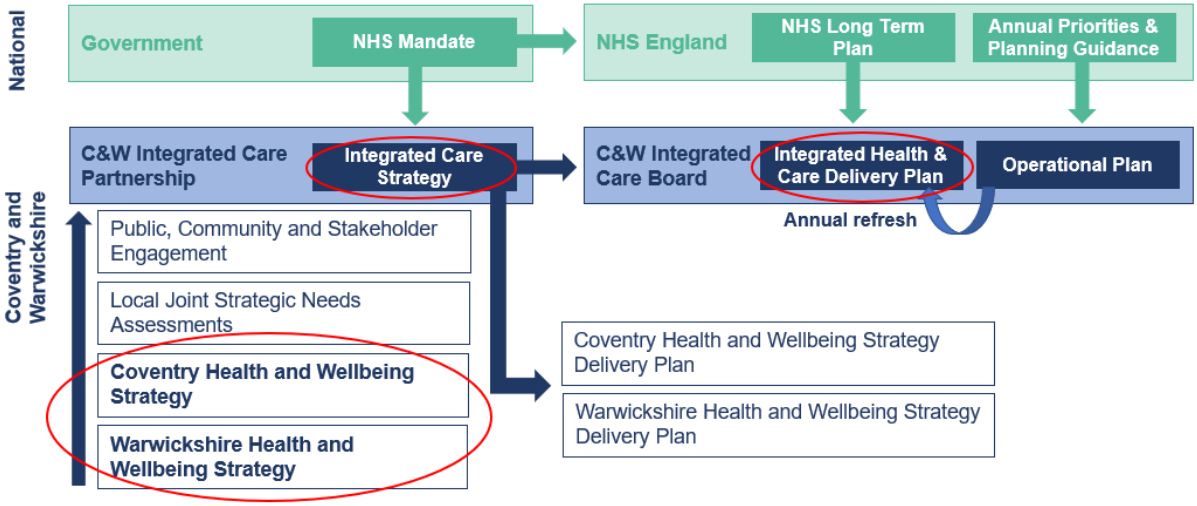
- Act as a 'golden thread' between the Integrated Care Strategy and the IH&CDP; and, as set out in **paragraph 4.3** below,
- Connect both documents to the Health and Wellbeing Strategy.

For ease of reference the links to these sections are:

Priority 1; **Prioritising prevention and improving future health outcomes through tackling health inequalities** https://www.happyhealthylives.uk/our-system/ihcdp/working-together-to-deliver-the-coventry-and-warwickshire-integrated-care-strategy/prioritising-prevention-and-improving-future-health-outcomes-through-tackling-health-inequalities/
Priority 2; **Improving access to health and care services and increasing trust and confidence** https://www.happyhealthylives.uk/our-system/ihcdp/working-together-to-deliver-the-coventry-and-warwickshire-integrated-care-strategy/improving-access-to-health-and-care-services-and-increasing-trust-and-confidence/
Priority 3; **Tackling immediate system pressures and improving resilience** https://www.happyhealthylives.uk/our-system/ihcdp/working-together-to-deliver-the-coventry-and-warwickshire-integrated-care-strategy/tackling-immediate-system-pressures-and-improving-resilience/
Enablers https://www.happyhealthylives.uk/our-system/ihcdp/creating-the-conditions-for-change-to-happen/

4. Connectivity between the Warwickshire Health and Wellbeing Strategy, the Coventry and Warwickshire Integrated Care Strategy and Coventry and Warwickshire Integrated Health and Care Delivery Plan

4.1. The diagram below provides an overview of the linkages between the three documents:



4.2 As set out in **paragraph 2.3**. the development of the Integrated Care Strategy was fundamentally informed by a review and mapping of existing system and partner strategies, with the starting point for identifying the strategy priorities being an analysis of the Warwickshire and Coventry Health and Wellbeing Strategies.

4.3 Warwickshire's local priorities (*Help our children and young people have the best start in life; Help people improve their mental health and wellbeing, particularly around prevention and early intervention in our communities; Reduce inequalities in health outcomes and the wider determinants of health*) are reflected in particular in **Priority 1** (*Prioritising prevention and improving future health outcomes through tackling health inequalities)* of the Integrated Care Strategy and the IH&CDP. The area of focus under **Priority 2** *(Improving access to health and care services and increasing trust and confidence*) relating to improving access to mental health services is also a key connection point.

4.4 The Coventry and Warwickshire Integrated Health and Wellbeing Forum was the key mechanism through which both the Warwickshire and Coventry Health and Wellbeing Boards were involved in the development of the Integrated Care Strategy and, more specifically, provided collective input to the development of the three strategic priorities and nine aligned areas of focus, which, as noted in **paragraph 3.6**, are central to both the Integrated Care Strategy and the IH&CDP.

4.5 The February 2023 meeting of the Integrated Health and Wellbeing Forum provided an opportunity for members of the Forum to explore and reflect on the

connectivity between the two Health and Wellbeing Strategies, the Integrated Care Strategy and the IH&CDP, and to consider:

- How different organisations represented could contribute to delivering the Integrated Care Strategy; and
- The role of the two local Health and Wellbeing Strategies in driving delivery.

Presentations across the meeting recognised that the three strategic priorities create a strong degree of alignment across the documents.

4.6 It is recognised that delivering the vision set out in the Integrated Care Strategy will require the combined efforts of health and care system and wider partners in the ICS, with key activity being driven through the two Health and Wellbeing Strategies and aligned delivery plans. The IH&CDP will sit predominantly in the *Integrated Health and Care System* quadrant of our Population Health Framework and will link into the working of the wider system.

5. Next Steps

5.1 In line with national guidance the ICB must publish the IH&CDP on or before 30th June 2023. To meet this deadline, engagement will continue through May and early June ahead of the IH&CDP being presented to the 21st June 2023 meeting of the Board of the ICB for final approval.

5.2 The ICB is required to review the IH&CDP annually and either update or confirm the Plan as part of this review.

5.3 As set out in **paragraph 1.2** the ICB is required to seek the Board's opinion as to whether the IH&CDP ***"takes proper account of"*** the Warwickshire Health and Wellbeing Strategy, and to include the Board's statement of opinion within the IH&CDP. Comments from Health and Wellbeing Board members on the IH&CDP will be collated following the meeting on 24th May 2023.

6. Financial Implications

6.1 In line with national guidance, the IH&CDP will include a finance section. The IH&CDP is required to address the ICB and system finance business rules, including the collective duties in relation to capital resource and revenue resource use, and the duty in relation to achieving system financial balance.

7. Environmental Implications

7.1 The IH&CDP includes a section relating to *Addressing climate change.* This has been developed in the context of the Coventry and Warwickshire ICS Green Plan.

8. Timescales associated with the decision and next steps

8.1 As per **paragraph 5.1** the ICB must publish the IH&CDP on or before 30 June 2023.

Background Papers

1. Report to Warwickshire Health and Wellbeing Board, dated 11 January 2023, on the Coventry and Warwickshire Integrated Care Strategy: https://democracy.warwickshire.gov.uk/documents/s28645/sHWBIntegratedCareStrategy110123v10.pdf

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Appendix 1

SECTION 1: CONTEXT

- Contents
- Foreword
- Executive Summary
- System overview
- Introducing our Integrated Health and Care Delivery Plan
- Our Population Health Framework
- Our health and care system architecture
- Health and Wellbeing Board statements of opinion
- Next steps

SECTIONS 2 – 5 CONTENT

SECTION 2: Working together to deliver the Coventry & Warwickshire Integrated Care Strategy

Each section includes the following sub-sections:
Overall aims by 2028;
Starting point;
Key links to other sections;
Delivery focus areas for 2023/24 and 2024/25;
Key challenges; and
Key metrics and deliverables.

SECTION 3: Creating the conditions for change to happen

- Digital, Data and Technology
- Population Health Management
- Estates
- Addressing Climate Change
- Research and Innovation.
- Medicines Optimisation.

SECTION 4: Transforming our system

- System overview
- ICB:- *Performance and Assurance, Quality, Safeguarding, Finance.*
- Clinical and Care Professional Leadership
- Collaboratives

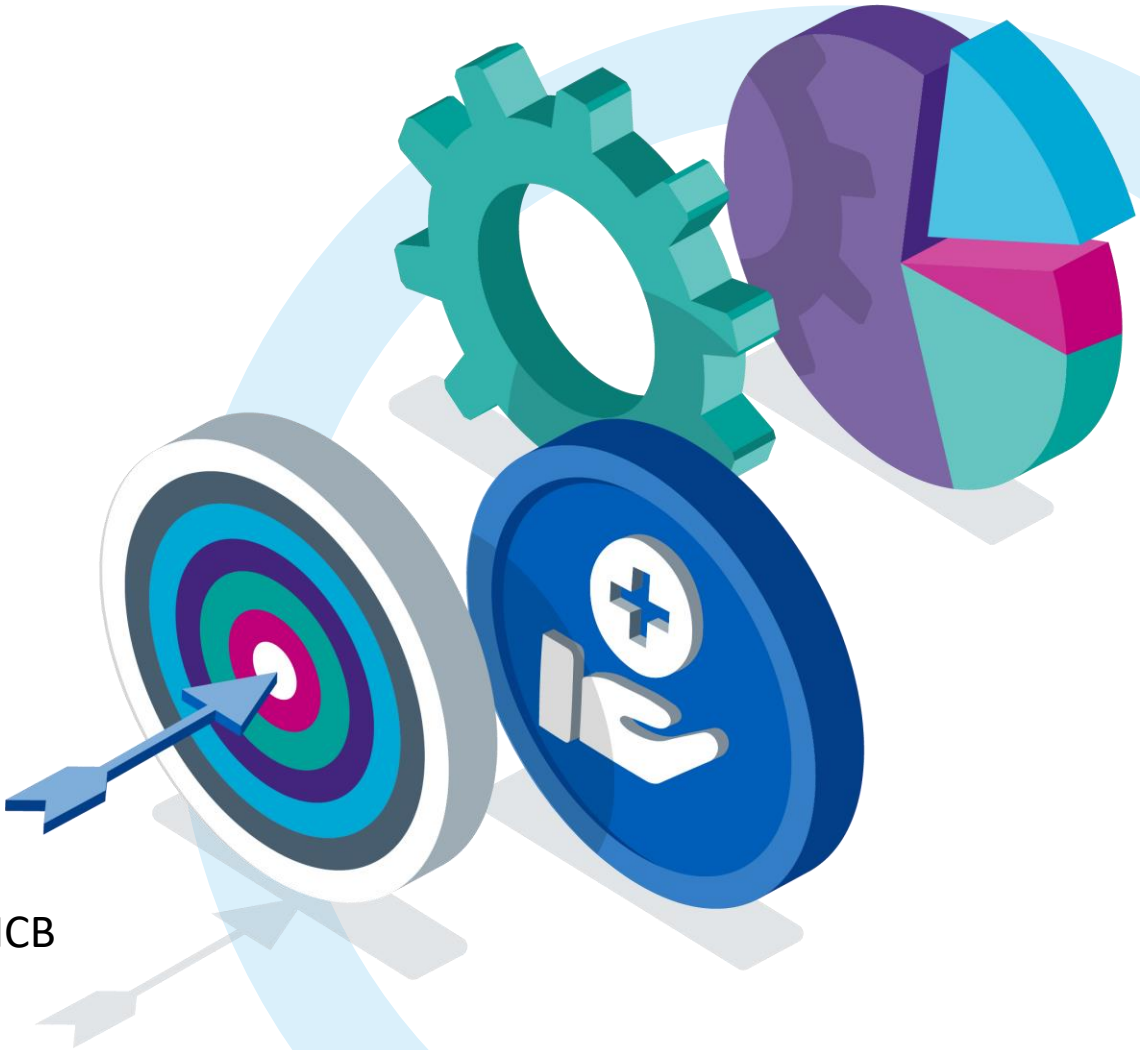
SECTION 5: Delivering through our four Places.

- Place priorities/programmes mapped against 3 strategic priorities in the Integrated Care Strategy.

NHS Coventry and Warwickshire

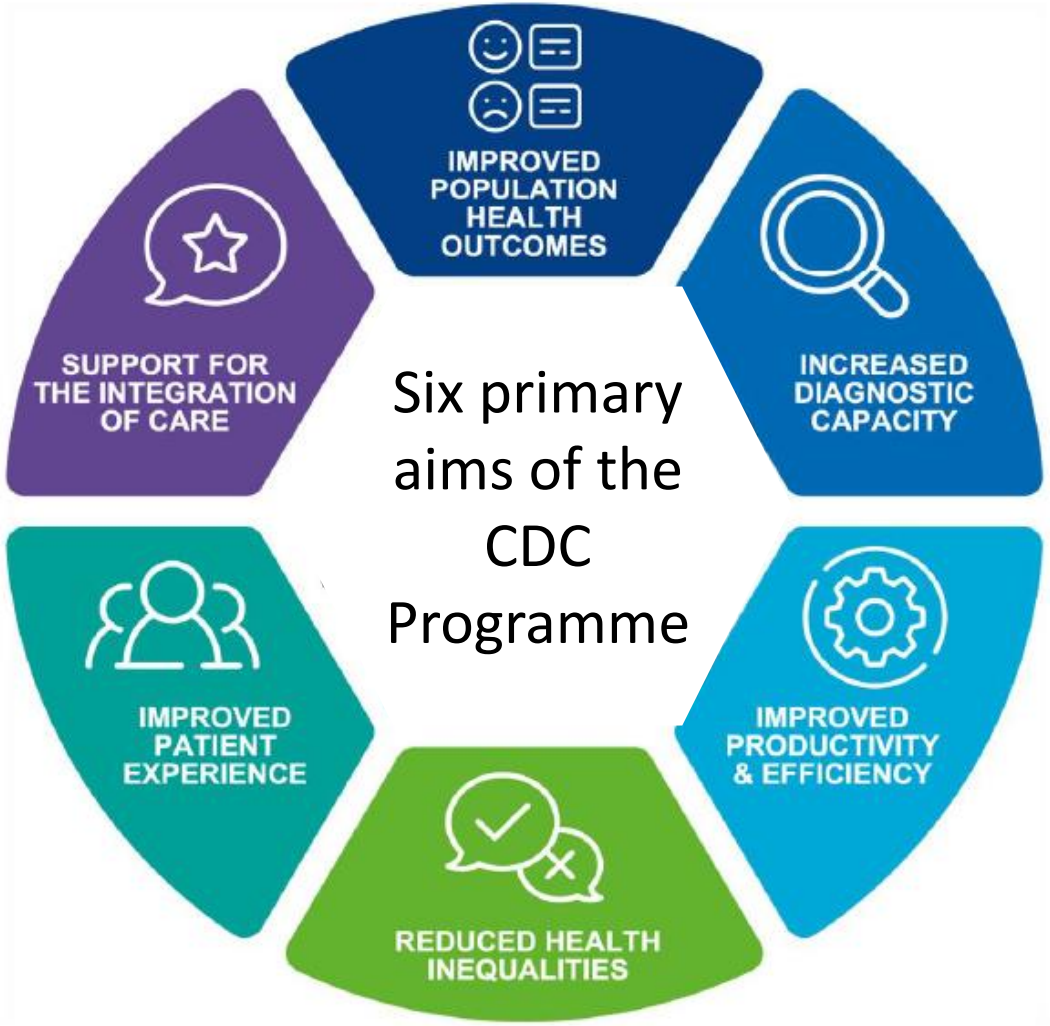
Community Diagnostic Centres

Access to diagnostic services



Nicole da Costa, Transformation Manager, C&W ICB
Steve Snead, System Lead for Diagnostics, C&W ICB
Dr Riya Patel, Researcher, Coventry University
Jackie Kerby, Health Inequalities Programme Manager, C&W ICB

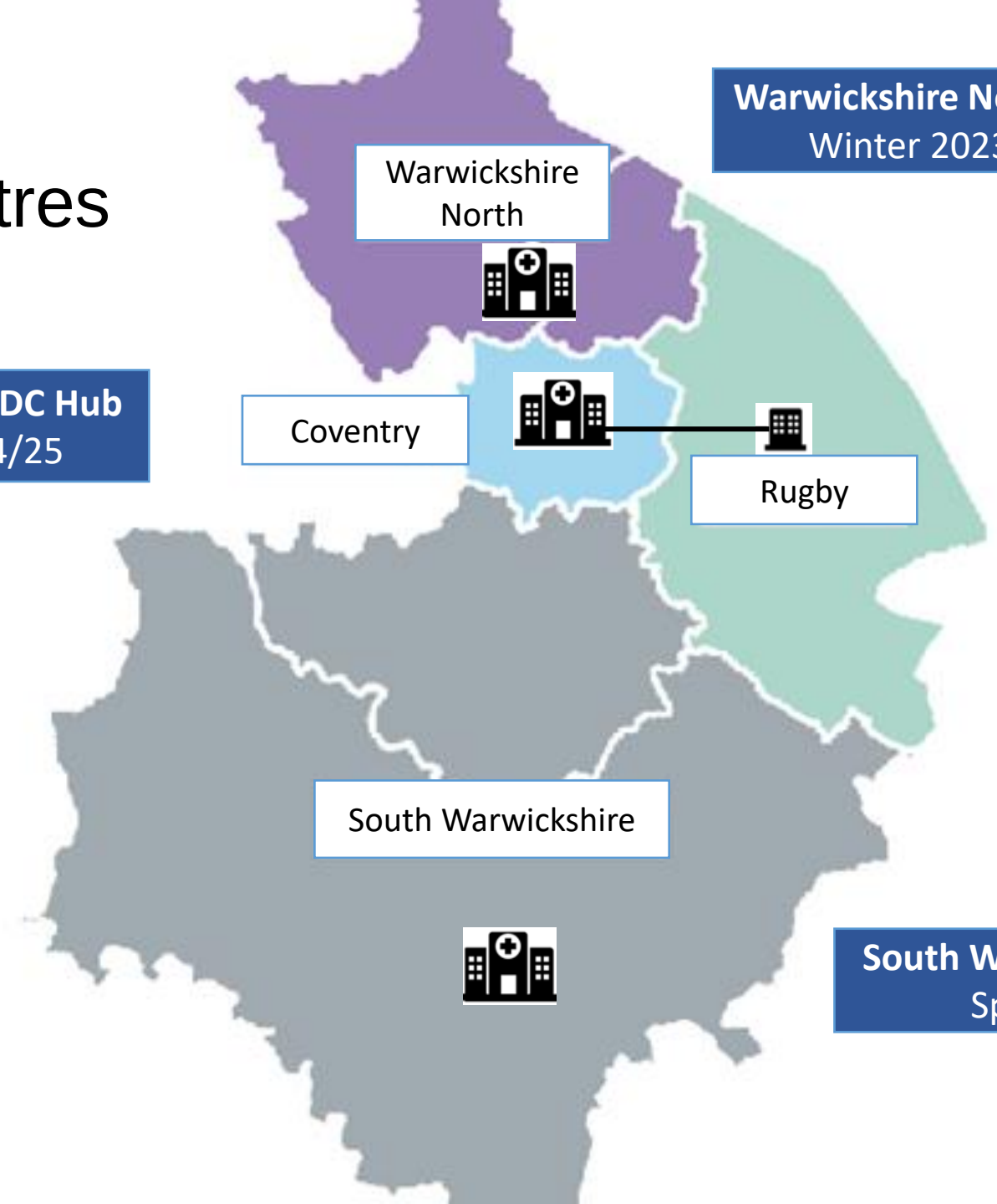
What is a community diagnostic centre (CDC)?



"Community diagnostic centres will deliver additional, digitally connected, diagnostic capacity in England, providing all patients with a co-ordinated set of diagnostic tests in the community, in as few visits as possible, enabling an accurate and fast diagnosis on a range of clinical pathways."

NHS England and NHS Improvement National CDC Programme Vision Statement

Community Diagnostic Centres



Warwickshire North CDC
Winter 2023/24

Coventry City CDC Hub
Winter 2024/25

Rugby CDC Spoke
Autumn 2023

South Warwickshire CDC
Spring 2025

Programme began Oct 2021 and ends March 2025

All CDC providers are in an interim phase of delivery having increased capacity alongside site development

How have CDCs made considerations to support the reduction of health inequalities?

NHS Coventry and Warwickshire

CDC programme starts…

Initial focus on increasing diagnostic capacity

Providers worked with local stakeholders to determine CDC locations, within timeframe and financial envelope

Consideration was given to intelligence on the health inequalities faced by local populations within the Trust footprints

Moving forward…

Additional capacity doesn't necessarily improve access for those who experience the greatest health inequalities

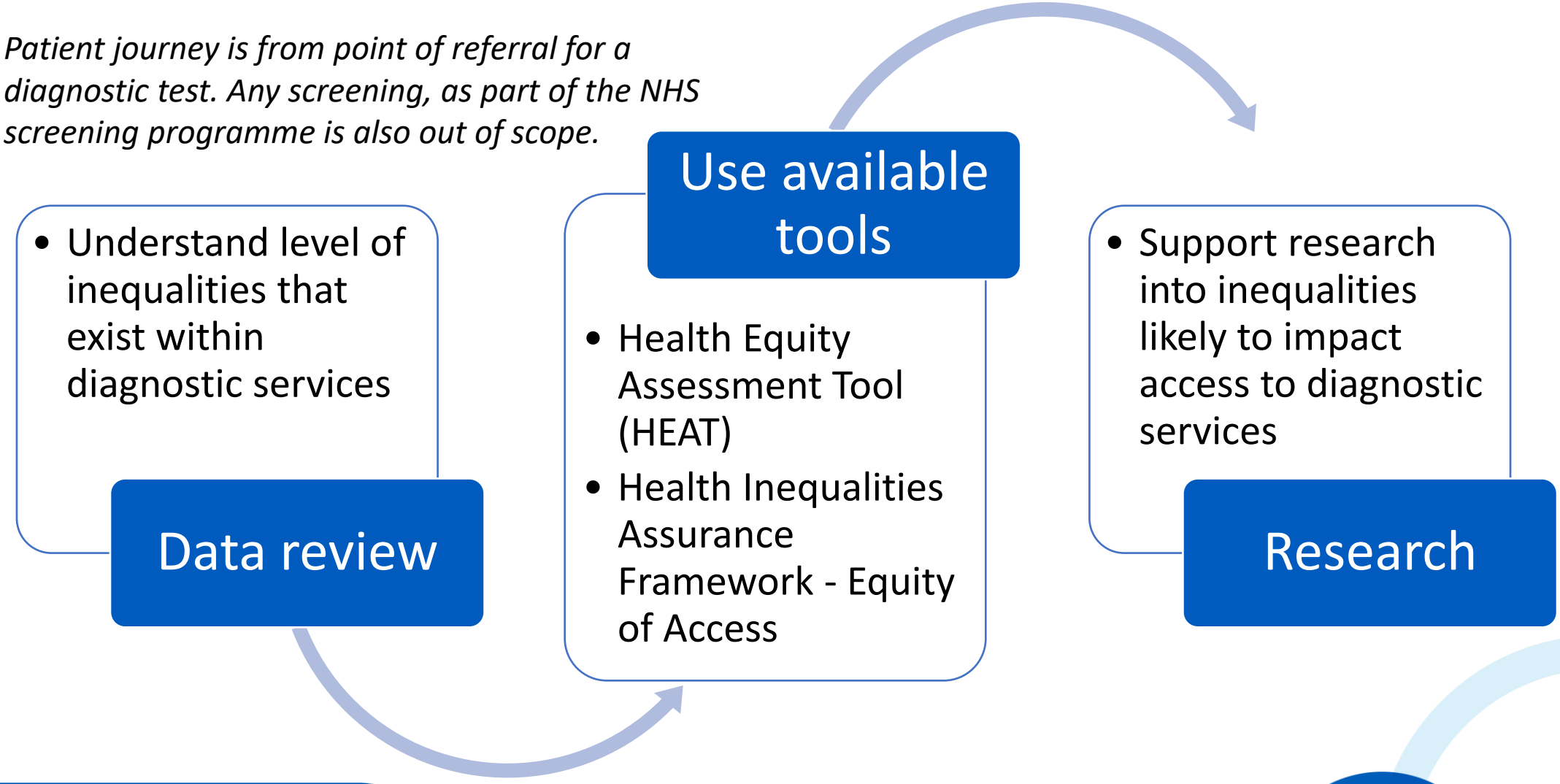
Need to increase understanding of inequalities in diagnostics to inform CDC development

Funding was proactively sought and secured for this work

Developing the CDC programme

NHS Coventry and Warwickshire

Patient journey is from point of referral for a diagnostic test. Any screening, as part of the NHS screening programme is also out of scope.



NHS Coventry and Warwickshire

Review of data

Understand the level of inequalities that exist within diagnostic services

Aim: To explore metrics that highlight areas of inequality and identify potential opportunities for service transformation or improvement

- Partners identified urology as an appropriate pathway to explore
- C&W ICB BI team undertook a data quality exercise to explore
  - Which data sets the ICB currently has access to?
  - If these are applied to health inequalities/diagnostics, what are the data gaps
- Next steps:
  - Fill in the data gaps with the support of primary care and providers

Review of data

Understand the level of inequalities that exist within diagnostic services

NHS Coventry and Warwickshire

Cancer diagnoses at local providers in calendar year 2022 by IMD decile

Urological excl p - Select tumour site

Cancers diagnosed

Provider	Category	IMD Decile 1 (<--Most deprived)	2	3	4	5 (Least deprived --->)
GEH	Cancers diagnosed	8	13	10	12	6
SWFT	Cancers diagnosed	1	2	12	27	17
UHCW	Cancers diagnosed	15	19	18	29	27
System	**Cancers diagnosed**	**24**	**34**	**40**	**68**	**50**

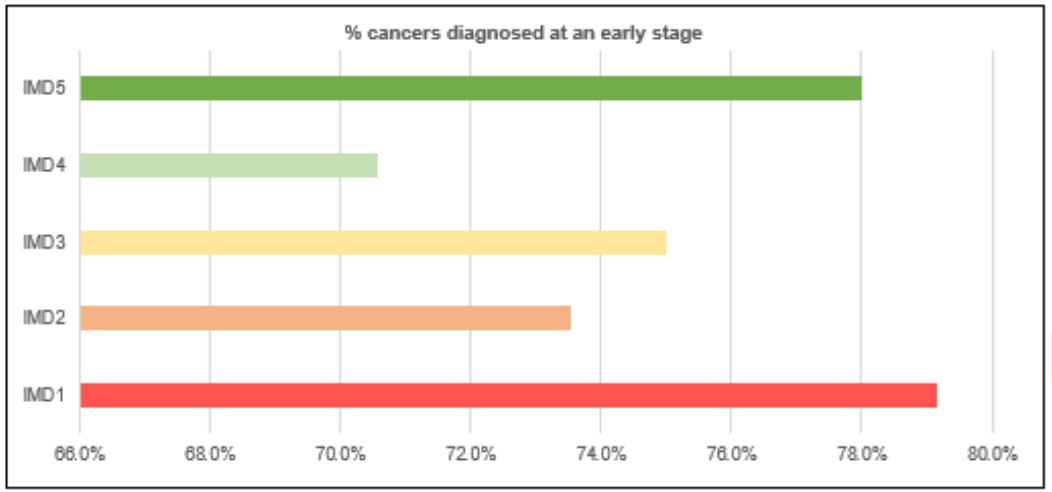
Cancer diagnosis deprivation casemix

Provider	Category	IMD Decile 1 (<--Most deprived)	2	3	4	5 (Least deprived --->)
GEH	% of total cancers diagnosed	16.3%	26.5%	20.4%	24.5%	12.2%
SWFT	% of total cancers diagnosed	1.7%	3.4%	20.3%	45.8%	28.8%
UHCW	% of total cancers diagnosed	13.9%	17.6%	16.7%	26.9%	25.0%
System	**% of total cancers diagnosed**	**11.1%**	**15.7%**	**18.5%**	**31.5%**	**23.1%**

Cancer diagnoses at an early stage

SYSTEM <-- Select organisation or system for graph

Provider	Values	IMD Decile 1 (<--Most deprived)	2	3	4	5 (Least deprived --->)
GEH	Cancers diagnosed at Stage 1-2	7	11	7	9	4
	% diagnosed at an early stage	87.5%	84.6%	70.0%	75.0%	66.7%
SWFT	Cancers diagnosed at Stage 1-2	1	1	10	18	12
	% diagnosed at an early stage	100.0%	50.0%	83.3%	66.7%	70.6%
UHCW	Cancers diagnosed at Stage 1-2	11	13	13	21	23
	% diagnosed at an early stage	73.3%	68.4%	72.2%	72.4%	85.2%
System	**Cancers diagnosed at Stage 1-2**	**19**	**25**	**30**	**48**	**39**
	% diagnosed at an early stage	**79.2%**	**73.5%**	**75.0%**	**70.6%**	**78.0%**



Review of data

Understand the level of inequalities that exist within diagnostic services

NHS Coventry and Warwickshire

Cancer diagnoses at local providers in calendar year 2022 by IMD decile

Prostate - Select tumour site

Cancers diagnosed

		IMD Decile				
		<--Most deprived				Least deprived --->
Provider	Category	1	2	3	4	5
GEH	Cancers diagnosed	6	23	29	37	18
SWFT	Cancers diagnosed	0	9	40	92	88
UHCW	Cancers diagnosed	43	40	74	65	64
System	**Cancers diagnosed**	**49**	**72**	**143**	**194**	**170**

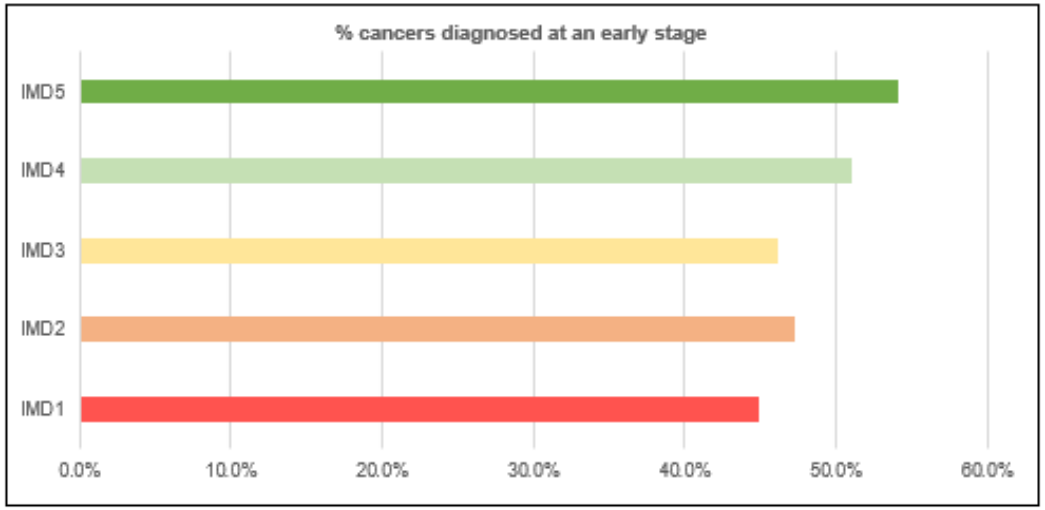
Cancer diagnosis deprivation casemix

		IMD Decile				
		<--Most deprived				Least deprived --->
Provider	Category	1	2	3	4	5
GEH	% of total cancers diagnosed	5.3%	20.4%	25.7%	32.7%	15.9%
SWFT	% of total cancers diagnosed	0.0%	3.9%	17.5%	40.2%	38.4%
UHCW	% of total cancers diagnosed	15.0%	14.0%	25.9%	22.7%	22.4%
System	**% of total cancers diagnosed**	**7.8%**	**11.5%**	**22.8%**	**30.9%**	**27.1%**

Cancer diagnoses at an early stage

SYSTEM <-- Select organisation or system for graph

		IMD Decile				
		<--Most deprived				Least deprived --->
Provider	Values	1	2	3	4	5
GEH	Cancers diagnosed at Stage 1-2	2	10	11	24	7
	% diagnosed at an early stage	33.3%	43.5%	37.9%	64.9%	38.9%
SWFT	Cancers diagnosed at Stage 1-2	0	2	21	40	52
	% diagnosed at an early stage		22.2%	52.5%	43.5%	59.1%
UHCW	Cancers diagnosed at Stage 1-2	20	22	34	35	33
	% diagnosed at an early stage	46.5%	55.0%	45.9%	53.8%	51.6%
System	**Cancers diagnosed at Stage 1-**	**22**	**34**	**66**	**99**	**92**
	% diagnosed at an early stage	**44.9%**	**47.2%**	**46.2%**	**51.0%**	**54.1%**



Use available tools

Use available tools to identify opportunities to reduce inequalities

NHS Coventry and Warwickshire

- Heat Equity Assessment Tool (HEAT)

- Health Inequalities Assurance Framework – Equity of Access
  - C&W ICB Health Inequalities Maturity Matrix aims to measure and monitor core5 and major NHS transformation programmes
  - Matrix is in development with ‘Equity of Access’ domain the first domain of eight

Criteria	For example
Physical location	• Transport links • Number of service locations
Service accessibility and navigation	• Finding the right place • Physical accessibility
Service availability	• Flexibility of service hours • Longer appointments where needed
Digital engagement	• Patient choice • Two-way digital systems
Quality assurance	• Continuous improvement • User consultation

Research

A qualitative exploration of inequalities on access to community diagnostics

NHS Coventry and Warwickshire

An action research initiative to look at improving equity of access community diagnostics centres, starting in Warwickshire North with GEH and looking to include Coventry and Rugby

C&W ICB have commissioned Coventry University to conduct a qualitative project in partnership with Healthwatch Coventry, Healthwatch Warwickshire and EQuIP

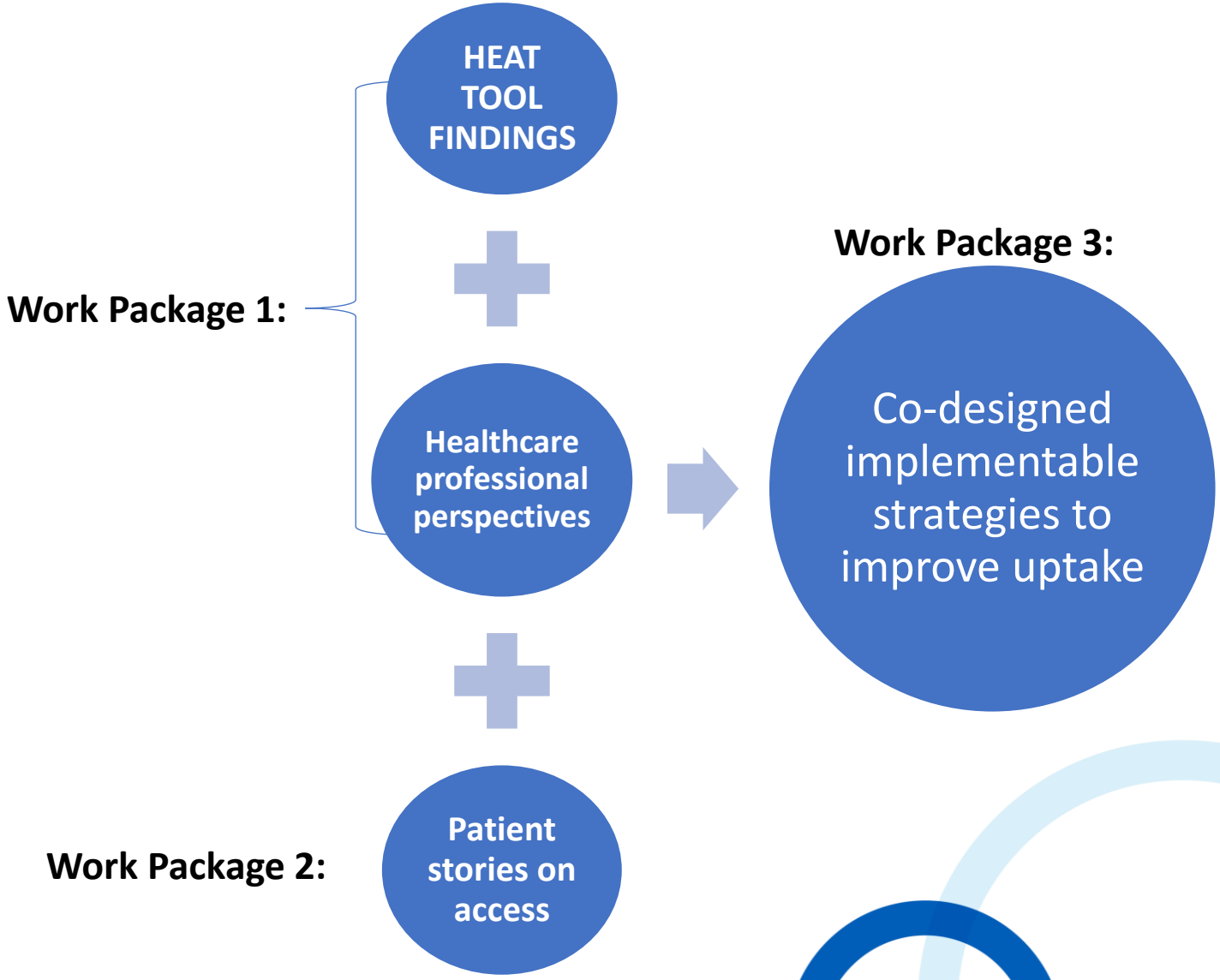
Aims:

- To increase our understanding of the barriers faced by local population groups in accessing diagnostic services
- To explore how these can be overcome such that these populations feel better supported to access necessary diagnostic tests in a timely manner.

Research overview

Research Plan:

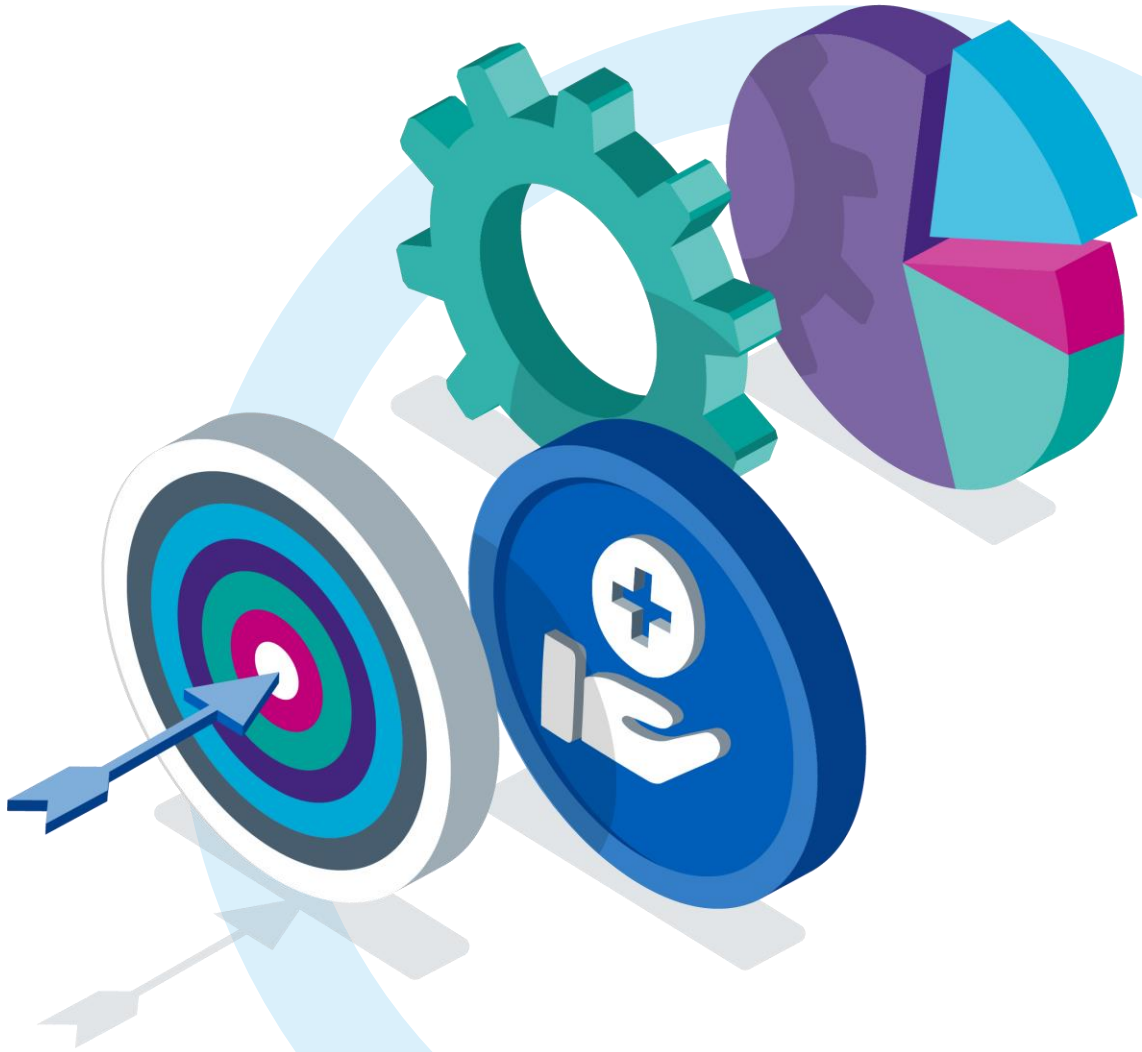
- **Work package 1: Data exploration stage**
- **Work package 2: Data gathering and prioritisation**
- **Work package 3: Implementation and scalability.**



Systemwide change

- Increased understanding of inequalities in diagnostics and opportunities for improvement will be shared across the system to support and influence change
- The CDC programme also seeks to learn from others working to reduce health inequalities

Questions?



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Agenda Item 4

Health and Wellbeing Board

3 May 2023

Mental Health and Wellbeing of Infants, Children, and Young People Joint Strategic Needs Assessment

Recommendations

That the Health and Wellbeing Board:

1. Notes and endorses the findings and recommendations arising from the Mental Health and Wellbeing of Infants, Children, and Young People Joint Strategic Needs Assessment (JSNA);

2. Approves the publication of the Mental Health and Wellbeing of Infants, Children, and Young People JSNA and the development of an associated action plan that will be owned and delivered by the Children and Young People's Partnership; and

3. Notes the role of the Children and Young People's Partnership, as an informal sub-group of the Health & Wellbeing Board, in overseeing the delivery of the recommendations from this JSNA and promote the group accordingly to ensure the right stakeholders are involved to deliver action based on the JSNA recommendations.

1. Executive Summary

1.1 The Mental Health and Wellbeing of Infants, Children, and Young People JSNA is the final Needs Assessment in the work programme approved by the Health and Wellbeing Board on 7 July 2021.

1.2 The JSNA seeks to analyse the current and future wellbeing needs of the local population to inform the commissioning of health, wellbeing, and care services. The JSNA aims to establish a shared, evidence-based consensus on the key local priorities across health and care by bringing together key partners and stakeholders from across the system to provide insight and interpretation to inform decision making. This intelligence supports and enables the prioritisation of resources and the redesign and commissioning of services that will improve outcomes for Warwickshire's residents.

1.3 The Mental Health and Wellbeing of Infants, Children, and Young People JSNA has been timed to support the recommissioning of the Warwickshire children and young people commissioned service due in 2024.

1.4 This JSNA also aligns with all three priorities from the Health and Wellbeing Strategy; to help our children and young people have the best start in life, to help people improve their mental health and wellbeing, particularly around prevention and early intervention in our communities, and to reduce inequalities in health outcomes and the wider determinants of health.

1.5 The Mental Health and Wellbeing of Infants, Children, and Young People JSNA makes the following overall recommendations:

- There are a wide range of factors that impact children and young people's mental health and wellbeing. All partners and organisations in Warwickshire have a role to play in improving the mental health and wellbeing of our children and young people. In order to prevent poor mental health outcomes, all services and practitioners involved with children and young people need to consider how they can positively affect children and young people's mental health.

- The prevalence of mental health conditions has increased in recent years. Twinned with an expected increase in the population aged 0–25 years, it is reasonable to assume the prevalence of mental health conditions is likely to rise. As a result, the evidence and recommendations from this JSNA should be used to inform any future commissioning activity related to children and young people's mental health and wellbeing; including the issues around meeting capacity and demand.

- There is a strong relationship between physical and mental health, with the millennium cohort study finding that high BMI at a young age was a predicter for poorer mental health later, and vice-versa. Services need to approach physical and mental health together in a holistic way to ensure the best outcomes for children and young people.

- In order to improve mental health and wellbeing, a focus on protective factors and what improves the mental health of this age group is crucial. Considering proactive ways to strengthen mental health and wellbeing and intervene early to prevent worsening ill health is as important as identifying risk factors.

- The national Mental Health of Children and Young People survey found that in 2022, 36.8% of children aged 11-16 years self-reported experiencing loneliness. We must strengthen social support and support networks around children.

- From our mapping of engagement with children and young people in Warwickshire, they said that social stigma still exists around mental health, this needs to be addressed.

1.6 The recommendations from the JSNA will be translated into actions the delivery of which will be overseen by the Children and Young People's Partnership as an informal sub-group of the Health & Wellbeing Board. The

sub-group will report back to the Healthy and Wellbeing Board.

2. Financial Implications

2.1 No financial implications arise directly from this report. All work required to deliver on the recommendations will be met from within existing approved budgets.

3. Environmental Implications

3.1 None.

Appendices

Appendix 1 – Mental Health and Wellbeing of Infants, Children, and Young People JSNA

Background Papers

No background papers.

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The report was circulated to the following members prior to publication:

Local Member(s): None
Other members: Councillors Bell, Drew, Golby, Holland, and Rolfe

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MENTAL HEALTH AND WELLBEING OF INFANTS, CHILDREN AND YOUNG PEOPLE

Warwickshire Joint Strategic Needs Assessment 2023

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CONTENTS

EXECUTIVE SUMMARY

National and Local Picture

Good mental health is crucial for children and young people to develop and thrive.

Children who have better mental health and wellbeing are more likely to achieve in an academic context and have more effective social relationships and networks and emotional resilience.

However, one in six children aged seven to 16 years in England have a probable mental health disorder[1]. For young people aged 17 to 19 years it is one in four. Half of all mental health conditions start by the age of 14[2], and three quarters start by the age of 24 years old[3].

The first 1,001 days (conception to two years old) is a critical period of social and emotional development for all babies. The National Health Service (NHS) have devised a 'Long Term Plan' to transform perinatal mental health services (PMH) which includes key areas to support expectant mothers and their parents and an emphasis on continuity of care during this time.

Schools and education professionals play an important role in the identification and early intervention of mental health and wellbeing issues, particularly for females whose prevalence of common mental disorder in 2022 doubled from 11% in seven to ten year olds to 22% for 11 to 16 year olds[4].

The treatment gap remains a very real problem with the most recent studies suggesting less than 25-35% of those with a diagnosable mental health condition accessed support[5]. Without

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[1] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey (accessed March 2023)

[2] Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62 (6) pp. 593-602. doi:10.1001/archpsyc.62.6.593 (accessed September 2022)

[3] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf (accessed September 2022

[4] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey (accessed March 2023)

[5] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf (accessed September 2022)

treatment of these conditions, children and young people may carry the impacts into adulthood.

Between the ages of 16-25 years, young people transition from secondary education into a variety of settings. Whilst this is often considered an exciting time in a young person's life, it can also be a period of increased stress, anxiety, and loneliness, with lower resilience and reduced confidence and self-esteem[6]. Mental health conditions peak in this age category, with young women experiencing the highest rates of common mental disorders, whilst also being the cohort least likely to receive treatment[7].

Critically, the prevalence of mental health conditions of all types in infants, children, and young people is growing. Taking a proactive, preventative approach will help to identify issues earlier, get support earlier, stop issues escalating and ultimately improve the lives of infants, children and young people.

The Voice of Children and Young People in Warwickshire

Key themes from previous engagement work carried out across Warwickshire is reflected in this JSNA. This comes from a variety of sources and reflects the full age spectrum from 0-25 years. Although the engagement was not directly captured for this purpose, this report draws out the relevant themes and issues that were considered important to children related to their mental health and wellbeing. The following key themes were identified:

- There needs to be easily available information on mental health support for children and young people to access.
- There needs to be more accessible support which is open to everyone.
- Schools being a crucial setting for mental health support and providing signposting.
- There are a range of factors that can both impact and support a child and young person's mental health.
- Social support and having someone to listen is important, this may not necessarily be in a service setting.
- The pandemic has had several consequences on children and young people that can affect their mental health.

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[6] https://www.instituteofhealthequity.org/resources-reports/improving-school-transitions-for-health-equity/improving-school-transitions-for-health-equity.pdf (accessed September 2022)

[7] https://openinnovation.blog.gov.uk/2018/03/12/a-modern-epidemic-mental-health-and-under-25s/ (accessed September 2022)

Scope of the JSNA

This JSNA examines the picture of mental health and wellbeing in infants, children and young people aged 0-25 years old in Warwickshire. The word “infants” is included in the title of this JSNA to reflect the importance of the first 1,001 days and the Best Start to Life approach, and the impact that this will have on someone’s mental health throughout their life.

This JSNA does not look specifically at special educational needs or special educational provision. Warwickshire County Council has commissioned a SEND Needs Assessment, due later in 2023. This will provide an overview of the current and future education, health and care needs of children and young people with Special Educational Needs and Disabilities (SEND), including those with specific needs relating to their mental health.

Local Context

Warwickshire has an estimated 171,000 infants, children and young people aged 0-25 years old, making up 28.5% of the total population[8]. It is estimated that there will be a 14% increase in the number of people aged 0-24 years in Warwickshire between 2018 and 2043[9].

Across all five district and boroughs in Warwickshire, numbers within each single year of age increase slightly across the early ages peaking at 10 years old before falling. We then see far fewer young people at the age of 18 and 19, except in Warwick District where the numbers sharply increase due to students moving to the area. Warwickshire is forecast to see large growth in its housing stock in the coming years, evidenced in each District & Borough Local Plan. We can reasonably assume that this will increase the number of children and young people in the county over and above the population projections.

There is a greater diversity of ethnic heritages among Warwickshire’s children than there is across all age groups within the county as a whole. Nearly 86% of children and young people in Warwickshire reported ethnicities with the “White” category, which is lower than 92.8% for those aged 26 years and over. The percentage reporting as White: English, Welsh, Scottish,

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8 https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2021 (accessed February 2023)

9 https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2021 (accessed March 2023)

Northern Irish, or British has decreased over the past three census years (2001, 2011, and 2021).

The 2021 Census tells us more about gender identity among Warwickshire's population. Respondents aged 16 years and over were asked "is the gender you identify with the same as your sex registered at birth?". For respondents aged 16 to 24 years, 93.26% stated that their gender identify was the same as their sex registered at birth, 5.93% did not answer the question and 0.81%, equating to 465 16-24 year olds, stated that their gender identity was different from their sex registered at birth.

Thrive

The Thrive framework for system change[10] is used to structure this JSNA. This framework is an integrated, person-centred, and needs-led approach to delivering mental health services for children, young people and their families. The framework shows five different needs-based groups: Thriving, Getting Advice, Getting Help, Getting More Help, and Getting Risk Support.

Thriving – Where Prevention and Promotion can Protect Mental Health

Health Behaviours & Lifestyles

Substance Use

A 2021 national survey[11] of young people found that there has been a decrease in the prevalence of young people smoking cigarettes and both recent and lifetime illicit drug use. There is a clear relationship between substance use and life satisfaction, happiness and anxiety, with those who smoke, drink, and/or take drugs reporting lower levels of life satisfaction and happiness and higher levels of anxiety.

Healthy Weight

[10] Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., ...Munk, S. (2019). THRIVE Framework for system change. London: CAMHS Press.

[11] https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021 (accessed November 2022)

Research from the Millennium Cohort Study[12] found an association between Body Mass Index (BMI) and emotional problems, with obesity at age seven years old considered a risk factor for emotional distress at 11 years old, and in turn, mental health conditions predicting high BMI at 14 years old. Rates of obesity in Warwickshire have increased over time as shown by the National Child Measurement Programme, with children in both reception and year 6 showing increased obesity rates between the combined years 2009/10-2013/14 and 2017/18-2021/22.

The Warwickshire Health Needs Assessment carried out by school nurses (Compass) has also found an increase in children worrying about what they eat. Of those children asked in year 6, 28% of respondents said they worried in some way about what they ate in 2021/22, compared to 18% in 2019/20.

Pregnancy

Although conception rates in younger mothers have been steadily falling over the past 20 years[13], it remains a significant consideration in young adult mental health, with teenage mothers more likely to experience adverse short term health impacts as well as postpartum depression, which has a prevalence of up to double that observed in adult mothers[14].

Young fathers are significantly more likely to experience depression than older fathers with over one third of young fathers (39.2%) wanting support for their mental health[15].

Perinatal Mental Health

It is important to consider the relationship between infant and child mental health and wellbeing and parental mental health, particularly within the perinatal period (conception to up to one year after giving birth). A variety of issues can contribute to poorer mental health outcomes during the perinatal period, including service provision, a previous mental health diagnosis or lack of integrated physical and mental health care for women and their partners during this time frame[16].

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[12] https://cls.ucl.ac.uk/cls-studies/millennium-cohort-study/ (accessed October 2022)

[13] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2020 (accessed December 2022)

[14] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6823974/ (Accessed November 2022)

[15] https://www.mentalhealth.org.uk/explore-mental-health/blogs/fathers-day-focus-young-fathers-and-mental-health (accessed November 2022)

[16] https://www.england.nhs.uk/mental-health/perinatal/ (accessed February 2023)

Previous loss of a child, whether before or after birth, can have a profound psychosocial burden. Within the UK, one in four pregnancies end in miscarriage and one in 250 pregnancies end in stillbirth[17]. Furthermore, a traumatic childbirth can cause psychological distress, fear and helplessness and increase the risk of anxiety, depression, and even post-traumatic stress disorder (PTSD). Such conditions can directly impact the relationship between a parent and their child as well as the couples relationship and could have consequences ranging from social isolation to the other extreme of suicide in a minority of cases[18].

In the UK, the majority of mental illness throughout the perinatal period presents as common mental health disorders such as mild depression, anxiety disorders, and/or adjustment disorders. Sadly, maternal suicide is the leading cause of pregnancy related death in the year after giving birth and almost a quarter of all deaths of women in the perinatal period were from mental health related causes[19].

Places & Communities

Support Networks

A support network is often identified as a key component of good mental health and wellbeing. Having a poor support network has been linked to loneliness and increases the risk of alcohol use, depression, and death by suicide[20]. The Mental Health of Children and Young People survey in 2022[21] found that 5.2% of children aged 11-16 years reported feeling lonely often or always, with 31.6% reporting occasionally or sometimes. This was higher in girls than boys. In 17-22 year olds, 12.6% reported feeling often or always lonely, with 54.1% reporting occasionally or sometimes.

Bullying

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[17] https://www.nihr.ac.uk/documents/2282-improving-mental-health-outcomes-for-women-and-partners-who-have-experienced-pregnancy-not-ending-in-live-births/30853 (accessed February 2023)

[18] Ertan D, Hingray C, Burlacu E, Sterlé A, El-Hage W. Post-traumatic stress disorder following childbirth. BMC Psychiatry. 2021;21(1):1-9

[19] https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2022/MBRRACE-UK_Maternal_MAIN_Report_2022_v10.pdf (accessed February 2023)

[20] https://www.verywellmind.com/social-support-for-psychological-health-4119970 (Accessed December 2022)

[21] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey (accessed December 2022)

The Annual Bullying Survey 2020[22] reported that 25% of respondents aged 12-18 years said in the past 12 months they had been bullied based on their own definition. Over three in five (63%) of those who had been bullied said it had a moderate to extreme impact on their mental health, with a further breakdown showing 44% felt anxious, 36% felt depressed, 33% had suicidal thoughts, and 27% self-harmed.

Social Media and Internet Use

Social media and the internet can have both a positive and negative impact on children and young people's mental health. Engagement undertaken by YoungMinds and The Children's Society[23] with children and young people aged 11-25 years showed that 62% of respondents agreed that social media had a positive impact on their relationships with their friends.

However, links have been found between the number of hours spent on social media per week day and the percent of UK teens with depression[24]. Rates are higher for girls than boys, with 38.1% of girls who spend more than five hours per week day on social media also being depressed. Moderate users are only slightly if no worse off than non-users but as time on social media increases, the impact rises quickly.

Body Image

Dissatisfaction with body image in children and young people has been linked with mental health conditions and risk-taking behaviours, particularly to depressive symptoms and anxiety disorders such as social anxiety or panic disorder[25]. Responses to the Warwickshire Health Needs Assessment in 2021/22 showed one in ten children in year 9 never like their body, with over one in three (37%) only sometimes liking their body. In year 6, 31% of respondents sometimes or never like their body. A national Be Real survey[26] highlighted the lengths children and young people would go in order to change their appearance, with one in ten children and young people having done or considered plastic surgery, and 57% having gone on or considered a diet.

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[22] https://www.ditchthelabel.org/research-papers/the-annual-bullying-survey-2020/ (accessed October 2022)

[23] https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/822/822.pdf (accessed October 2022)

[24] https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(18)30060-9/fulltext#secst0100 (accessed February 2023)

[25] https://www.mentalhealth.org.uk/explore-mental-health/articles/body-image-report-executive-summary/body-image-childhood#:~:text=Poor%20body%20image%20may%20also,taking%20part%20in%20activities%20like (accessed October 2022)

[26] https://www.berealcampaign.co.uk/wp-content/uploads/2018/02/Somebody_like_me-v1.0.pdf (accessed October 2022)

Impact on Those Providing Informal Care

Young carers have been found to be twice as likely to report a mental health condition than young people generally[27], with higher levels of anxiety and depressive symptoms.

In the Warwickshire Health Needs Assessment Survey, year 6 and year 9 pupils were asked if they perform any tasks at home because the adult they live with is unable to do so. In year 6, 2.4% selected three or more tasks, indicating a significant level of responsibility, with 1.4% in year 9.

Migrant Communities

There is a large body of evidence identifying refugee and migrant children to be at high risk of developing mental health conditions, primarily internalising disorders such as post-traumatic stress disorder, anxiety and depression[28]. Latest figures show there are just under 1,000 children and young people under the age of 18 years across different migration schemes in Warwickshire.

A Warwickshire Syrian Vulnerable Persons Resettlement Scheme and UK Resettlement Scheme Mental Health Needs Assessment in 2020 found that referrals to mental health services for this group in Warwickshire are low, with key findings showing that this can be explained by:

- A lack of expertise and understanding amongst mainstream health and mental health providers about working with refugees and refugees therefore feeling that services do not always meet their needs.
- Inconsistent use of interpreters with some refugees being told that they cannot access services if they do not speak English.
- Cultural stigma attached to the concept of mental illness and a reluctance to discuss issues and seek help.
- Lack of understanding amongst refugees about mental health support available and what to expect.
- Lack of specialist mental health support for refugee children.

These issues are similarly important to address to support the mental health of children in other migrant communities.

LGBTQ+ and Gender Identity

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[27] 2011 census (Accessed November 2022)

[28] https://www.euro.who.int/__data/assets/pdf_file/0011/388361/tc-health-children-eng.pdf (Accessed November 2022)

Whilst being a member of the LGBTQ+ community is not automatically a risk factor for poor mental health, evidence shows that the LGBTQ+ community experiences poor mental health at a disproportionate rate. Research[29] shows that amongst the LGBTQ+ population:

- 50% had experienced depression
- Three in five had experienced anxiety
- One in eight people aged 18-24 had attempted to end their life
- Almost 50% of trans people had thought about taking their life
- 52% have reported self-harming[30]

The 2021 Census included a voluntary question on sexual orientation which was asked to those aged 16 years and over. From responses of those aged 16-24, 9.4% of females and 4.5% of males said they were lesbian, gay, bisexual, or other (LGB+), with 9% of females and 8.7% of females not answering. Respondents were highest in Warwick District, where 12.4% of females and 6% of males said they were LGB+, with 11.4% and 11.2% respectively not answering.

Domestic Abuse

One in seven children and young people under the age of 18 will have lived with domestic violence at some point in their childhood[31]. The impacts of this can be wide ranging and be both short and long term. The types of behavioural and emotional impact can include becoming anxious or depressed, having difficulty sleeping or having nightmares or flashbacks, becoming aggressive or internalising distress and withdrawing from other people and a lowered sense of self-worth. Older children may also miss school, start to use alcohol or drugs, begin to self-harm or have an eating disorder.

In Warwickshire in 2020/21 the rate of domestic abuse related crimes and incidents per 1,000 of the population was 28, which is slightly lower than the England (30) and West Midlands (34) rates.

Loss and Bereavement

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[29] https://www.mentalhealth.org.uk/explore-mental-health/mental-health-statistics/lgbtiq-people-statistics (accessed October 2022)

[30] https://metrocharity.org.uk/sites/default/files/2017-04/National%20Youth%20Chances%20Intergrated%20Report%202016.pdf (accessed October 2022)

[31] https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/impact-on-children-and-young-people/ (accessed November 2022)

Bereavement is the aftermath of a loss when emotions are particularly raw. Whilst most are associated with the loss of someone close to them, it can also occur after other deep significant losses.

Grief is known as a source of agitation for existing mental health challenges, with a well-established link between the loss of a parent or parental figure and thoughts of suicidal ideation or self-harm[32]. Data is not collected on the number of children affected by the death of a parent, however estimates indicate that in the UK[33]:

- One parent dies every 20 minutes.
- There are 127 newly bereaved children every day.
- 26,900 parents die each year, leaving dependent children.
- 46,300 dependent children aged 0-17 are bereaved annually.
- By the age of 16, one in 20 young people will have experienced the death of one or both of their parents.

The Warwickshire Health Needs Assessment Survey asked year 6 and year 9 pupils whether they had experienced a sudden loss. In 2020/21, there was a peak of two thirds (66%) of year 9 and 62% of year 6 saying they had experienced a sudden loss. This will include a loss of any kind, not just loss of a parent.

Transition Periods

Transitions are periods of change. For children and young people there is so much that is changing all at once; there are physical and emotional changes, changes in roles, expectations, and relationships to name a few. The transition into primary school, secondary school, and leaving school are perhaps the largest that all children will go through.

Mentally Healthy Schools[34] suggest different ways schools can help support transitions, including engagement with parents and carers to help monitor wellbeing and academic achievements, as well as support networks. Other suggestions include a peer support system and health and wellbeing lessons to help develop children's social and emotional skills from an early age.

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[32] https://doi.org/10.1016/S2352-4642(20)30184-X (accessed December 2022)

[33] https://childhoodbereavementnetwork.org.uk/about-1/what-we-do/research-evidence/key-statistics (accessed March 2023)

[34] https://mentallyhealthyschools.org.uk/risks-and-protective-factors/school-based-risk-factors/transitions/. Accessed February 2023

The transition period between adolescence and adulthood can be a particular challenge. Up until this point children and young people are part of a defined system that provides structure and has the means to monitor problems.

Wider Determinants

Deprivation

Common mental health disorders and severe mental illness both have a pronounced gradient against deprivation and inequalities, with the poorest 20% of households being four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20%[35]. All seven domains that make up the Indices of Multiple Deprivation have a direct impact on mental health and wellbeing which is explored further in the main report.

Children who are Looked After

Whilst a child or young person could be having a traumatic experience before moving into care, moving into care itself can be a traumatic experience, due to increased levels of uncertainty and insecurity, as well as feelings of loss. NICE guidance[36] highlights that whilst the rate of mental health disorders in 5 to 15 year-olds is 10%, for those children who are looked after, it is 45%, and for those in residential care it is 72%.

On 31st March 2022, there were 822 children being looked after in Warwickshire. The most common categories of need were ‘abuse or neglect’ (45%) and ‘family dysfunction’ (27%). The highest rate of children looked after per 10,000 by originating district was in Nuneaton and Bedworth, with 102.

Children with Long Term Conditions

A child or young person’s mental health is closely linked to their physical health, with research finding that children with long term health conditions are twice as likely at age 10 and 13 to present with a mental health disorder than those without a long term health condition, and by age 15 they were 60% more likely to present with a mental health disorder[37].

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[35] https://www.centreformentalhealth.org.uk/sites/default/files/2020-01/Commission%20Briefing%201%20-%20Final.pdf (accessed October 2022)

[36] https://www.nice.org.uk/guidance/ng205/chapter/Context (accessed December 2022)

[37] https://www.qmul.ac.uk/media/news/2020/smd/chronic-illness-in-childhood-linked-to-higher-rates-of-mental-illness.html (accessed December 2022)

Children with Life Limiting Conditions

Research has shown that the incidence of anxiety and depression is significantly higher in children and young people with life limiting conditions, with the conclusion that there is a need for psychological support in this population, including further efforts to prevent, identify, and treat anxiety and depression[38].

Coventry and Warwickshire Child Death Overview Panel reviewed 23 children in Warwickshire with life limiting conditions between 2019 to 2022. They identified common themes throughout the cases, including:

- The provision of counselling and mental health support for these children is usually reliant on charity or hospital settings, the current Rise service is not commissioned to provide mental health support for children who will die.
- Having a child with a life limiting condition impacts the mental health and wellbeing of the whole family.
- Across Coventry and Warwickshire, children with a life limiting condition have not always been considered for a child in need assessment, which could benefit both the child and the familial structure.

Impact of COVID-19

The COVID-19 pandemic had a major impact on the lives of children and young people with challenges such as lockdowns, school closures and home learning and social distancing. The Coventry and Warwickshire Adult Mental Health and Wellbeing JSNA highlighted that there are indications the pandemic had a much deeper impact on the wellbeing of adolescents and young adults compared to older adults.

In 2021,[39] the NHS Children and Young People Mental Health Survey found that when asked if life is better or worse following the pandemic there was a higher percentage responding that life was a little or much worse in those with a probable mental health disorder (64% in 11 to 16 year olds and 75% in 17 to 23 year-olds) compared to those unlikely to have a disorder in both age ranges (54% and 67%).

Cost of Living

[38] https://www.nature.com/articles/s41390-022-02370-8 (accessed December 2022)

[39] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey (accessed December 2022)

The cost of living has been increasing since early 2021, with data from Citizens Advice[40] showing single people with children, people who are disabled or have a long term health condition and people from Black/African/Caribbean/Black British ethnic groups, Other Ethnic Groups and Mixed/Multiple ethnic groups more adversely affected.

Polling of parents with children under 18 years old showed 54% of respondents have been forced to cut back on food spending for their family over the past 12 months, with one in five parents struggling to provide sufficient food[41]. Research conducted with children and young people showed that the cost of living was a major worry for 56% of respondents, with 80% of those aged 20-25 years being always or often worried about earning enough[42].

Climate Change

Climate change was identified as a repeated concern for children and young people in Warwickshire from the engagement mapping for this JSNA. In a national survey from the Lancet published in December 2021[43], 1,000 young people aged 16-25 years from the UK answered questions around climate change. Just over 50% of respondents said they felt helpless about climate change, with just over 60% saying they were afraid. Just over 70% said the future is frightening because of climate change.

Getting Advice, Help, and More Help

Trauma

The Office for Health Improvement and Disparities defined trauma as[44]:

"Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the

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[40] https://public.flourish.studio/story/1634399/ (accessed December 2022)

[41] https://www.barnardos.org.uk/get-involved/campaign-with-us/impact-of-cost-of-living (accessed December 2022)

[42] https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/money-and-mental-health/#:~:text=The%20links%20between%20money%20and%20mental%20health,-It's%20important%20to&text=A%20young%20person%20may%20also,negative%20impact%20on%20mental%20health. (Accessed December 2022)

[43] https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(21)00278-3/fulltext#seccestitle70 (accessed December 2022)

[44] https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice (accessed March 2023)

experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being."

A Coventry and Warwickshire Trauma Needs Analysis produced in December 2022[45] highlighted several key themes including:

- A recognition by practitioners that trauma was highly prevalent amongst the children and families they support.
- Practitioners were less consistently aware of how interactions with services can be retraumatising and potentially unhelpful for children and young people.
- Practitioners feel overwhelmed by the levels of trauma and complexity that they are facing and feel they are often expected to address this on top of their workload.
- There is a fragmented understanding of all forms of trauma and the many different trauma responses that may arise from exposure to trauma and adversity.
- Vicarious trauma can affect parents, carers, and professionals who work with children who have experienced trauma.

Common Mental Disorders

In the absence of local intelligence, prevalence for both Common Mental Disorders and Severe Mental Illness have used the national NHS Children and Young People's Mental Health surveys[46].

Common Mental Disorders (CMDs) comprise of different types of depression and anxiety that cause marked emotional distress and interfere with daily function. The NHS Health of Children and Young People Survey shows that there has been a statistically significant increase in the percentage of estimated CMDs from 2017 to 2022 in all age categories for both males and females.

Severe Mental Illness

[45] Safer Together. (2022). *Coventry and Warwickshire Trauma Needs Analysis*. Coventry and Warwickshire Integrated Care System

[46] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england (accessed March 2023)

Severe Mental Illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired.

In the NHS Mental Health of Children and Young People survey 2022 it was estimated that 22.6% of females and 14.4% of males aged 17-24 years were at risk for psychotic-like experiences. The survey also showed an increase in the percentage of children and young people screening positive for possible eating problems, with 76% of females aged 17-19 years screening positive in 2022 compared to 61% in 2017, with males at the same age increasing to 45% in 2022 from 30% in 2017.

One in three 17-24 year olds have tried to harm themselves, with that number being higher for females (43%) than males (23%). Just over one in ten (11%) 11-16 year olds have tried to harm themselves, with the percentage of females (15%) just over double that of males (7%)[47].

Service Access

In 2021/22, up to 65% of children and young people in Warwickshire with a probable mental disorder are not in contact with a secondary mental health service. This varies across different age ranges, with 22% of 6-10 year olds, 47% of 11-16 year olds, and 26% of 17-23 year olds with a probable mental health disorder in contact with a secondary mental health service in 2021/22.

The number of 0-4, 5-10, and 11-17 year olds accessing mental health services in Warwickshire has been increasing. For the 5-10 and 11-17 year olds, there is a particular increase which aligns with the start of the lockdowns and first year of the pandemic. Whilst the 11-17 year olds make up the most number of contacts with a mental health service, the largest increase in access is in the 0-4 year old population, which increased by over double when comparing the time periods April 2019-March 2020 and April 2021-March 2022.

At a younger age those accessing mental health services in Warwickshire are predominately male, with around 70% of those accessing between the ages of 2-4 years being male. At the ages of 11-12 years, there is a rise in the percentage of females. At age 14 years, around 65% of those accessing service are female. From 14 to 24 years, the percentage of females accessing services is higher than males.

[47] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey (accessed January 2023)

Service waiting times in 2021/22 reflected the increase in both demand and complexity of children and young people mental health needs. There was a significant increase in referrals for children and young people crisis care and eating disorders, with the demand for these services greater than the pre COVID commissioned capacity.

The Eating Disorders service is provided by Coventry and Warwickshire Rise that aims to work in collaboration with children, young people and their families or carers to offer specialist assessment and treatment for eating disorders. Patients across Coventry and Warwickshire in 2021/22 were in the bottom 5% in the country for eating disorder national access targets for both one week and four weeks. More recent published data has not shown any improvement, although there have been technical difficulties with the data collection system.

Getting Risk Support

Crisis Support

The Rise crisis telephone helpline is run by the Rise Crisis and Home Treatment team who provide multi-disciplinary support to children and young people under the age of 18 years. Service data in Warwickshire shows months where educational pressures peak (such as in May and June during exams) and months with transition points (such as September when the new school year starts) show an increase in the number of calls received.

Hospitalisations

Admissions for children and young people in acute settings having self-harmed in 2021/22 peak at the age of 14 years with 71 admissions. The admissions are female dominated, particularly between the ages of 13-16 years, with just over 60 of the 71 admissions at age 14 being for females[48].

Out of 352 admissions for self-harm, 303 of those were from intentional self-poisoning. Over half (52.8% or 186) self-harm admissions were reported as 4-amniophenol derivatives which includes paracetamol. During March 2023, Coventry & Warwickshire Partnership Trust (CWPT) are collating the source or paracetamols for children and young people following a

[48] https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set (accessed March 2023)

rise in children and young people presenting at A&E and on wards with paracetamol overdose, asking in more detail where they got the paracetamol from.

Admissions for children and young people with a mental health disorder diagnosis in 2021/22 shows a steady increase throughout the 0-24 age ranges, with a peak at age 23 of 81 admissions. The increase for males is consistent, whilst females see a particular increase between the ages of 12-14 years followed by a consistent increase[49].

Tier 4 Referrals

CAMHS Tier 4 are specialised services that provide assessment and treatment for children and young people with emotional, behavioural, or mental health difficulties, and are commissioned by NHS England as opposed to local authorities. In October 2022 a review of CAMHS Tier 4 referrals took place across the East and West Midlands by NHS England Midlands. The review found that in the West Midlands:

- 63% of the cases were female.
- 37% of the cases were 17 years old.
- 30% of the cases were admitted following a suicide attempt or assessed as being very high risk of suicide.
- 40% had a diagnosis of autism.
- 80% were subject to a Mental Health Act section.

Suicide

Coventry and Warwickshire Child Death Overview Panel (CDOP) have consolidated learning from cases reviewed at panel into two imagined case studies for this JSNA. These highlight there are often a range of factors that lead to losing a child to suicide. Understanding and combating these factors is crucial in helping to prevent future loss. These factors may not always flag a child or young person as being in crisis and each individual will react to these factors differently. It is therefore important that there is a combined effort between communities and services who work with children and young people to approach suicide awareness and support those who may be struggling.

[49] https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set (accessed March 2023)

RECOMMENDATIONS

Overall Recommendations:

- There are a wide range of factors that impact children and young people's mental health and wellbeing. All partners and organisations in Warwickshire have a role to play in improving the mental health and wellbeing of our children and young people. In order to prevent poor mental health outcomes, all services and practitioners involved with children and young people need to consider how they can positively affect children and young people's mental health.
- The prevalence of mental health conditions has increased in recent years. Twinned with an expected increase in the population aged 0–25 years, it is reasonable to assume the incidence of mental health conditions is likely to rise. As a result, the evidence and recommendations from this JSNA should be used to inform any future commissioning activity related to children and young people's mental health and wellbeing; including the issues around meeting capacity and demand.
- There is a strong relationship between physical and mental health, with the millennium cohort study finding that high BMI at a young age was a predicter for poorer mental health later, and vice-versa. Services need to approach physical and mental health together in a holistic way to ensure the best outcomes for children and young people.
- In order to improve mental health and wellbeing, a focus on protective factors and what improves the mental health of this age group is crucial. Considering proactive ways to strengthen mental health and wellbeing and intervene early to prevent worsening ill health is as important as identifying risk factors.
- The national Mental Health of Children and Young People survey found that in 2022, 36.8% of children aged 11-16 years self-reported experiencing loneliness. We must strengthen social support and support networks around children.
- From our mapping of engagement with children and young people in Warwickshire, they said that social stigma still exists around mental health, this needs to be addressed.

Local Context

- The diversity in Warwickshire's children is increasing, particularly in relation to ethnicity. This JSNA recommends the use of the Health Equity Assessment Tool (HEAT) in commissioning and planning decisions. Providers can also utilise HEAT to

ensure there are services provided in accessible locations and at accessible times where children and families are likely to go.

- There is a large 18-25 year old population in Warwick District due in part to the universities. The needs of 18-25 year-olds who move into the area must be considered, particularly in relation to this transition period. Universities and wider system partners are critical in ensuring any action is aligned to best support this population.

Thriving

- Schools are key settings to deliver health promotion messages around the risk factors identified that can impact mental health, as well as providing mental health support and early intervention. This JSNA recommends that the Mentally Healthy Schools recommendations are enacted.
- This JSNA has included the views of children and young people in Warwickshire gained indirectly from a variety of sources and recommends cocreation of services and pathways. Children should be included and involved in finding the solutions to issues that impact them.
- Children and young people said that activities such as art, music and performing can help support their mental health and wellbeing. Whilst currently offered to those accessing early help services, social prescribing should be expanded to all children and young people at the earliest signs of need.
- Counselling and mental health support for children with life limiting conditions is usually reliant on charity or hospital settings. Given the time sensitive nature of their situation, quick methods of referral for both the child and their family would improve health equity. This JSNA recommends an assessment of current pathways and promotion to ensure practitioner awareness.
- Having a life limiting condition does not make a child or young person eligible for a child in need assessment. This JSNA recommends that these children should all be eligible using a life limiting condition checklist. Associated carers assessments should also be offered.
- The 1,001 days period (pregnancy and the postnatal period) is a key time for mothers and their children to get the best start in life. At present, pregnant and postnatal teenagers with common mental health disorders do not meet criteria for the Perinatal Mental Health Team (PMHT) and Rise do not offer a specific perinatal service. This JSNA recommends that the system works together to commission services to address

the mental health needs for young women who are pregnant and post-partum, with prioritisation for access.

- Data is currently unavailable on access to the Healthy Mind/Improving Access to Psychological Therapies (IAPT) service, making it difficult to understand what support there is for women who do not meet criteria for PMHT. Improved data and intelligence collection at a local level is needed to ensure support for new parents is available in the right way at the right time.
- Evidence shows that childcare services are at approximately 75% capacity of pre-pandemic levels. We know that access to childcare services has a positive impact on children's wellbeing and school readiness. This JSNA recommends support is given to childcare services in order that they return to pre-pandemic availability levels to support improved access.

Getting Advice, Help, and More Help

- The engagement mapping found that children and young people said they want more spaces in which to talk about mental health and that these should not always be in services. A universal open access drop-in offer across the county in school and community settings should be developed.
- Evidence shows that children experiencing trauma can affect parents and carers. The whole family offer should be reviewed including drop-in and peer support through to parenting programmes.
- Children and young people said that there needs to be more information about mental health support and services that is all in one place, promoted and easy to access. This should include building on existing information, utilising different social media platforms where possible, and should be co-produced with children and young people.
- It is estimated that in Warwickshire up to 65% of children and young people who have a probable mental health condition may not be accessing a secondary mental health service. There is a need to identify the service touch points for children and young people and undertake a needs and gaps analysis including commissioning recommendations.
- Mental health service access data shows a drop off in the number of young people still accessing mental health services at the point of the transition to adulthood. Further work needs to be done with service users to understand the reasons for this.
- The Coventry and Warwickshire Trauma Needs Analysis made several recommendations that can be seen in full at the end of the Trauma section of this

report. The recommendations from this JSNA need to be read in conjunction with the Coventry and Warwickshire Trauma Needs Analysis recommendations.

Getting Risk Support

- High levels of poor mental wellbeing and self-harm were found amongst females aged 13-18 years. There needs to be a targeted approach towards this population who are at high risk.
- 41% of those admitted for self-harm had contact only after their admission. It is unknown if these 41% were receiving support elsewhere, however it does highlight a system wide approach to identifying those at risk to self-harm.
- As seen in the Coventry and Warwickshire Child Death Overview Panel (CDOP) case studies, there are often a range of factors that lead to losing a child to suicide. Understanding and combating these factors will help prevent future loss. Children and young people are not always flagged as needing crisis support; therefore, there needs to be a combined approach to suicide awareness between communities and services, including those that do not specialise in mental health.
- Recognising that self-harm is a risk factor for suicide, Warwickshire's three place partnerships should look at how they can accelerate work to address this as part of the delivery of the Coventry and Warwickshire Suicide Prevention Strategy 2023.
- Hospital admission data for self-harm shows that 52.8% of all self-harm cases in 2021/22 were reported as 4-amniophenol derivatives which includes paracetamol. CWPT are currently investigating how children and young people are accessing paracetamol. Findings from this work should be used to help target health protection messages, including raising awareness with parents.
- This JSNA recommends that commissioners develop an offer that provides wrap around holistic support for children and young people and their families who are at risk of entering crisis. This should include systems for identifying and flagging these families and children and young people early in the pathway.
- There is a need to ensure clear guidance is available for those who have concerns about a child or young person being at risk of self-harm or suicide ideation, including friends, parents, carers, siblings, and practitioners working with children and young people. This should include peer support, clear pathways to raise concerns, and coproduction of guidance.

INTRODUCTION

OVERVIEW AND SCOPE

This JSNA examines the picture of mental health and wellbeing in infants, children and young people aged 0 to 25 years old in Warwickshire, looking both at service provision and access, as well as highlighting where proactive prevention may be possible around the wider determinants of mental health and wellbeing.

The word Infants has been specifically included in the title of this JSNA to reflect the importance of the first 1,001 days and Best Start to Life approach.

This JSNA does not look specifically at special educational needs or special educational provision. Warwickshire County Council has commissioned a SEND Needs Assessment, due later in 2023. This will provide an overview of the current and future education, health and care needs of children and young people with Special Educational Needs and Disabilities (SEND), including those with specific needs relating to their mental health.

NATIONAL AND LOCAL PICTURE

One in six children (18%) aged 7-16 in England have a probable mental health disorder[50], which is a rise from one in nine 7–16 year-olds (12.1%) in 2017. This means if you look at a classroom with 30 children present, 5 of those children on average will have a mental health problem. Rates are higher for those aged 17 to 19, where 1 in 4 (25.7%) are estimated to have a probable mental disorder, rising from 1 in 10 (10.1%) in 2017, and 1 in 6 (17.7%) in 2020. It is critical to improve the mental health of all infants, children, and young people as 50% of all mental health problems start by the age of 14[51], this then rises to 75% by age 24[52].

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[50] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey (accessed March 2023)

[51] Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62 (6) pp. 593-602. doi:10.1001/archpsyc.62.6.593 (accessed September 2022)

[52] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf (accessed September 2022

Infants

The first 1001 days (conception to 2 years old) is a critical period of social and emotional development for all babies. Secure attachment and responsive parenting during this period provides babies with the best start in life to achieve good emotional wellbeing and mental health[53]. The National Health Service (NHS) England have devised a 'Long Term Plan' to transform perinatal mental health services (PMH) including key areas of supporting expectant mothers and their partners and emphasis on continuity of care, with a 2023/24 target that at least 66,000 women with moderate/complex to severe PMH difficulties can access care and support in the community.

Children

Good mental health is crucial for children and young people to develop and thrive. Children who have better mental health and wellbeing are more likely to achieve higher academically and have more effective social and emotional competencies[54]. Those who have worse mental health are strongly associated with health risk behaviours such as smoking, drug and alcohol abuse, and risky sexual behaviour[55]. This creates a great inequality, where children with mental health problems face other health issues that impact them throughout their lives.

Schools and education professionals play an important role in the identification and early intervention of mental health and wellbeing issues. The Promoting Children and Young People's Mental Health and Wellbeing report[56] identifies 8 principles of a whole school or college approach to protecting and promoting mental health and wellbeing, including having the right leadership and staff development; having mental health on the curriculum; engaging with students to hear their voice; and working with parents, carers, and the school community to create the right ethos and environment.

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[53] https://parentinfantfoundation.org.uk/1001-days/ (accessed February 2023)

[54] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/370686/HT_briefing_layoutvFINALvii.pdf (accessed March 2023)

[55] https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health (accessed March 2023)

[56] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020249/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf (accessed September 2022)

This is reflected by the 'Transforming children and young people's mental health provision: a Green Paper'[57] in which the government established core proposals to create a network of support for children and young people to help schools and colleges identify and train a designated senior lead for mental health, to fund mental health support teams, and to pilot a four-week waiting time for access to specialist NHS children and young people's mental health services.

The treatment gap remains a very real problem with the most recent studies suggesting less than 25-35% of those with a diagnosable mental health condition accessed support[58]. Without treatment children and young people may carry the impacts into adulthood.

The early identification of mental health and wellbeing issues should help support a child in accessing services and provide support at the earliest point, thereby giving the best chance of preventing further escalation. The *'Future in Mind: promoting, protecting, and improving our children and young people's mental health and wellbeing'* report[59] makes several aspirations to improve awareness, stigma

The report also highlights several aspirations to improve service use, including the provision of timely access to mental health support which is as close to home as possible, and a change in how care is delivered moving away from a tiered model towards one built around needs and evidence-based treatments which is a system that Warwickshire has adopted.

The white paper *'Reforming the Mental Health Act'* also highlights areas in which mental health services can be improved, including examining the autonomy and decision making around mental health support to best suit the individual, and developing new services for children who have complex needs that are not currently being met, for example, as a result of trauma or sexual assault.

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57 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf (accessed September 2022)

58 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf (accessed September 2022)

59 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf (accessed September 2022)

Young People

Between the ages of 16–25 young people transition from secondary education into a variety of avenues, including higher and further education, apprenticeships, work, leaving home, starting relationships, and beginning families. Whilst this should be an exciting time in young people's lives it can be a period of increased stress, anxiety and loneliness, with a lower stress resilience, and reduced confidence and self-esteem[60].

The prevalence and impact of many mental health problems peak in the 18-25 category, with young women at this age experiencing the highest rates of common mental disorders out of all age categories[61]. Despite issues being on the rise in this age bracket, it is also the cohort less likely to receive treatment than other ages for common mental disorders such as anxiety, depression

This transition period can also involve a move from children's mental health services to adult services, sometimes meaning changes to treatment, people who treat them, where they go for treatment, and who they interact with[62]. This is highlighted by the *'Improving Transition from Children to Adult Mental Health Services'* report, which stresses the importance of not only focusing on treatment, but also considering the impact on families, siblings, life-chances, educational attainment, employment, relationships

The Centre for Mental Health's report *'16-25 years – Missed opportunities: children and young people's mental health'*[63] highlights that it is not too late for interventions to have a positive effect during teenage and young adult years, and that these interventions can significantly reduce impairment seen across the life-course from the effects of Mental Health. However, very few 16–25 year-olds get the early help that has the best chance of making a

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[60] https://www.instituteofhealthequity.org/resources-reports/improving-school-transitions-for-health-equity/improving-school-transitions-for-health-equity.pdf (accessed September 2022)

[61] https://openinnovation.blog.gov.uk/2018/03/12/a-modern-epidemic-mental-health-and-under-25s/ (accessed September 2022)

[62] https://www.local.gov.uk/sites/default/files/documents/39.2%20Improving%20transition%20from%20children%20to%20adult%20mental%20health%20services%20WEB.pdf (accessed September 2022)

[63] https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/CentreforMentalHealth_MissedOpportunities_16-25years.pdf (accessed September 2022)

difference, and on average it will be 10 years after they first develop symptoms before they access help.

> *"If I'd had the help in my teens that I finally got in my thirties, I wouldn't have lost my twenties."*[64]

In the NHS long term plan[65] there is acknowledgment that between the ages of 16-18 young people are more susceptible to mental health issues. The structure of mental health services often creates a gap for young people undergoing the transition from children and young people's mental health services to appropriate support including adult mental health services. The *'NHS Mental Health Implementation Plan 2019/20 – 2023/24'*[66] aims that by 2023/24 there will be a comprehensive offer for 0–25 year-olds that reaches across mental health services for children and young people and adults. This comprehensive offer is one of the one of the reasons for focusing on those aged up to 25 years-old for this JSNA.

In summary, the prevalence of mental health conditions of all types in infants, children and young people is growing. Taking a proactive, preventative approach will help to identify issues earlier, get support earlier, stop issues escalating and ultimately improve the lives of those at risk. There are opportunities at every level to support this, whether by supporting parents to give their child the best start to life, to opening the conversation about mental health, to getting timely and appropriate support for those in need and those in crisis.

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[64] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf (accessed September 2022)

[65] https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/a-strong-start-in-life-for-children-and-young-people/children-and-young-peoples-mental-health-services/ (accessed September 2022)

[66] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf (accessed September 2022)

THE VOICE OF CHILDREN AND YOUNG PEOPLE IN WARWICKSHIRE

To ensure the voice of children and young people in Warwickshire is reflected within this JSNA a sub-group was set up to explore, map, and identify key themes from engagement work done across the council with the 0-25 population, which can be seen in Appendix 1. The following key themes were identified:

- There needs to be easily available information on mental health support for children and young people to access.
- There needs to be more support open to everyone, with schools being a crucial setting for having and understanding support. (self-harm, schools, population groups)
- There are a range of factors that can both impact and support a child and young person's mental health.
- Social support and having someone to listen is important, this may not necessarily be in a service setting.
- The pandemic has had several consequences on children and young people that can affect their mental health.

To ensure that the views expressed by children and young people are considered, the following considerations have been made within this JSNA:

- The inclusion of the following within the Thriving chapter:
    - Climate change
    - Homelessness
    - Employment
    - Support networks
    - Bullying
    - Impact of COVID-19
    - Loss and bereavement
    - The increased risk to mental health issues in certain groups
    - Transition periods, particularly leaving secondary education.
- A look at self-harm within the Getting Risk Support chapter.
- Mapping of the mental health service provision in Warwickshire.

THRIVE

The Thrive framework for system change[67] is an integrated, person-centred, and needs-led approach to delivering mental health services for children, young people, and their families[68], developed by the Anna Freud National Centre for Children and Families and The Tavistock and Portman NHS Foundation Trust. The framework provides 5 principles for creating coherent and resource-efficient communities to support mental health and wellbeing, with an emphasis on talking about mental health needs in an accessible way. Children, young people, and their families, alongside professionals, dictate the mental health needs through shared decision making.

Figure 1 below shows the five different needs-based groups. There is an emphasis on the prevention and promotion of mental health and wellbeing across the whole population.

Figure 1: The Thrive Framework

Source: Anna Freud[69]

[67] Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., ...Munk, S. (2019). THRIVE Framework for system change. London: CAMHS Press.

[68] https://www.annafreud.org/mental-health-professionals/thrive-framework/ (Accessed October 2022)

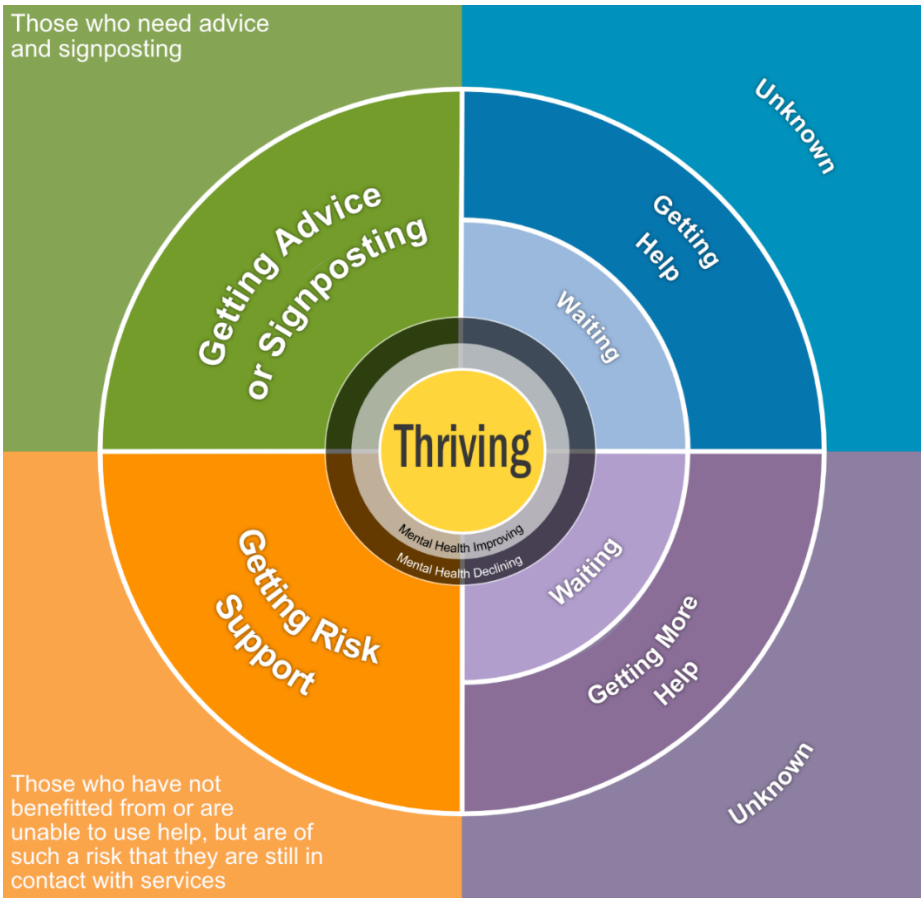
[69] https://www.annafreud.org/mental-health-professionals/thrive-framework/

This framework is for:

- All infants, children, and young people aged between 0-25.
- All families and carers of children and young people aged between 0-25.
- Professionals who promote mental health awareness and help or support children and young people with mental health and wellbeing needs, including those at risk of mental health difficulties.

For the purposes of this needs assessment the JSNA has expanded the Thrive framework as seen in Figure 2. To best focus on the importance of prevention and taking a population health approach, this JSNA has highlighted that consideration is needed for those who are unknown to service, or on service waiting lists. Additionally, at any point a child or young persons mental health may be improving or declining. This may in part be due to the service they are receiving but may equally be due to wider factors beyond the control of services.

Figure 2: Thrive Framework for this JSNA



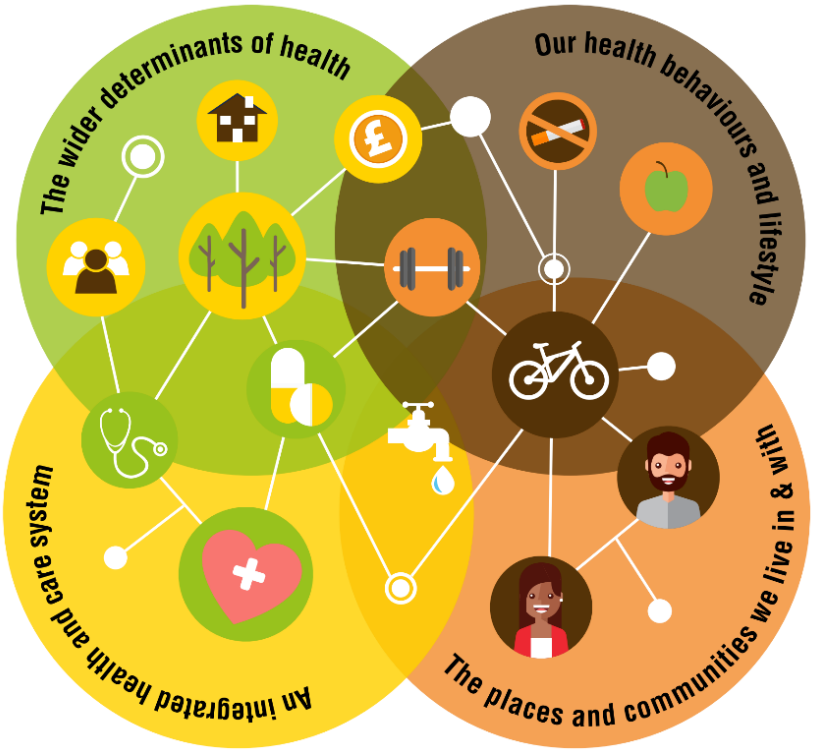
Source: Anna Freud and Warwickshire County Council (WCC)

KINGS FUND MODEL

One approach to addressing health inequalities is the Population Health System[70], as presented by The Kings Fund. In this model, four interconnecting pillars of population health are established (Figure 3). These are the wider determinants of health, our health and behaviours and lifestyles, an integrated health and care system, and the places and communities we live in and with.

This approach takes a holistic view of what impacts people's health and wellbeing. Importance is placed on the links between the pillars to ensure a balanced approach is taken that distributes efforts across all four pillars. This approach has been adopted by Warwickshire County Council as set out in the Health and Wellbeing Strategy which can be read in full here: https://www.warwickshire.gov.uk/healthandwellbeingstrategy

Figure 3: Population Health System



Source: The Kings Fund[71]

[70] https://www.kingsfund.org.uk/publications/vision-population-health (Accessed February 2022)

[71] https://www.kingsfund.org.uk/publications/vision-population-health

LOCAL CONTEXT

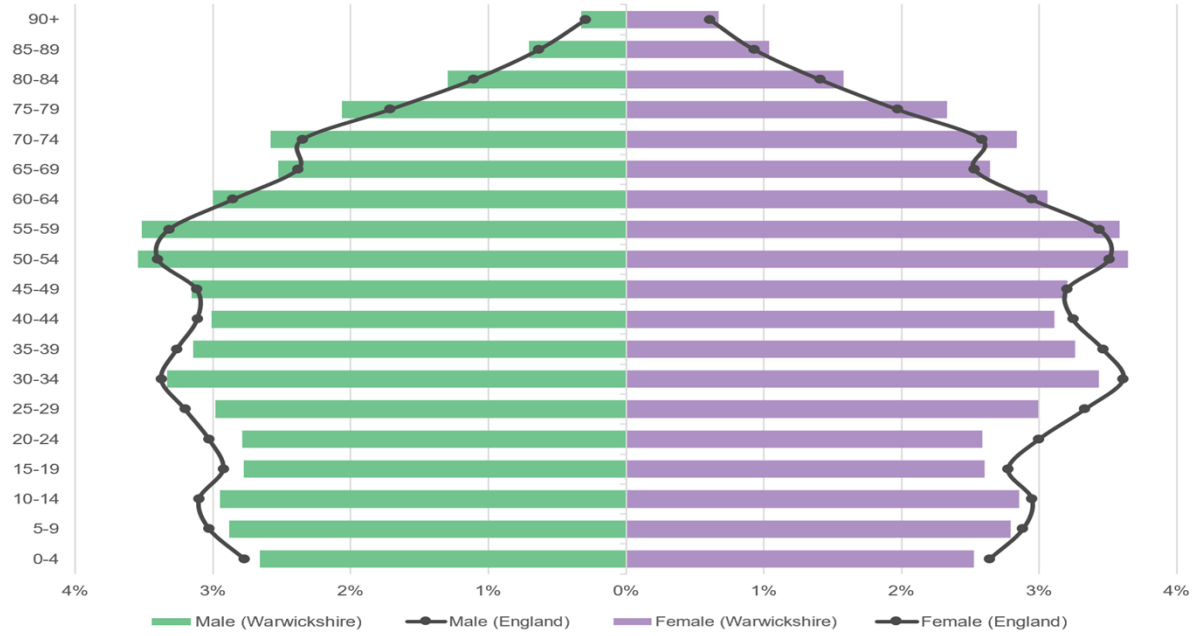
Locally, the Joint Strategic Needs Assessment (JSNA) analyses the current and future health and wellbeing needs of the population. Demographic information of the local population is important to understand those needs, and this chapter outlines key aspects of that information.

Further demographic information can be found on the Warwickshire JSNA webpages: https://www.warwickshire.gov.uk/joint-strategic-needs-assessments-1

POPULATION

Warwickshire has an estimated population of 599,153 people (mid-2021) and an estimated 171,010 children and young people aged 0-25. This means that children and young people aged 0-25 are around 28.5% of the total Warwickshire population. The age distribution of the Warwickshire population is shown in Figure 4. Warwickshire has a comparatively older population than the national average, with a higher percentage of people aged 45+ and a lower percentage of those aged 44 and below, especially in the age range of 15 to 29.

Figure 4: Age distribution of Warwickshire population, compared to the England average



Source: Mid-2021 population estimates, Office of National Statistics[72]

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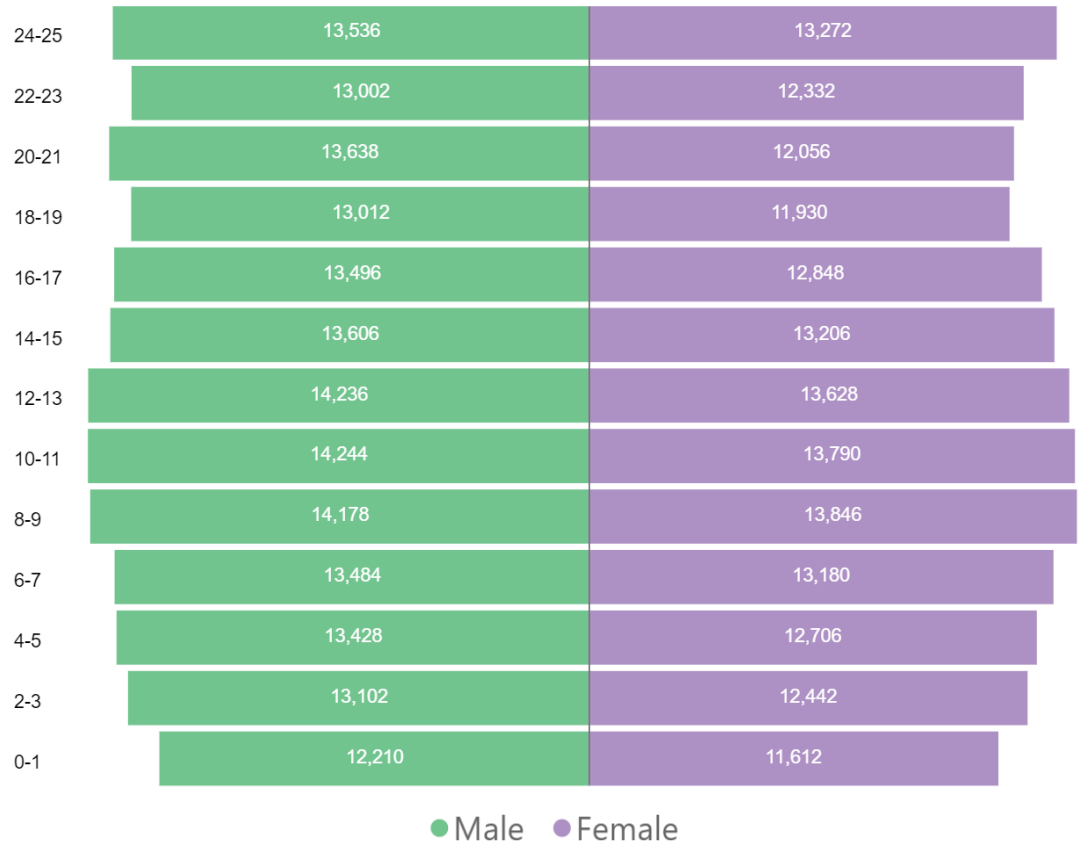
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2021

Figure 5 shows the age distribution over the 0 – 25 age range, split into two-year age bands. This data is split by sex as registered as birth (a section on gender follows below). As shown, the distribution is relatively uniform throughout this range with a higher number of males than females (87,586 males compared with 83,424 female). This reflects the natural higher incidence of male births compared to female[73]. The gap in the numbers of females compared males is widest in the 20 – 21 age range (12,056 females to 13,638 males).

Figure 5: The age distribution of the 0 – 25 population within Warwickshire



Source: Mid-2021 population estimates, Office of National Statistics[74]

This document divides the 0–25 population into three groups - infants (aged 0–5), children (aged 6–17) and young people (aged 18–25). Between the district and boroughs in

[73] World Health Organization. (2011). Preventing gender-biased sex selection: an interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO.

[74] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2021

Warwickshire, the percentage of the population that belongs to these age groups is broadly similar (see Table 1).

Rugby Borough and Nuneaton and Bedworth Borough have a younger population compared to Warwickshire with a higher percentage of their population aged 0-17, whilst young people are the lowest percentage of the population in Stratford-on-Avon District compared to the other areas. North Warwickshire Borough has the lowest numbers within each age grouping which reflects its smaller total population. Warwick District has a higher proportion of young people aged 18-25 compared to the other districts/boroughs, accounting for 11.6% of its population. Around a third of Warwickshire's 18-25 olds live in Warwick District.

Table 1: Number and percentage of area's population for each age grouping across Warwickshire districts and boroughs

Geography Name	Total population	0-5 population	0-5 population %	6-17 population	6-17 population %	18-25 population	18-25 population %
North Warwickshire	65,340	3,965	6.1%	8,654	13.2%	5,007	7.7%
Nuneaton and Bedworth	134,291	9,355	7.0%	19,210	14.3%	11,207	8.3%
Rugby	114,829	7,749	6.7%	17,270	15.0%	8,932	7.8%
Stratford-on-Avon	135,964	7,727	5.7%	17,408	12.8%	9,145	6.7%
Warwick	148,729	8,954	6.0%	19,329	13.0%	17,098	11.5%
Warwickshire	**599,153**	**37,750**	**6.3%**	**81,871**	**13.7%**	**51,389**	**8.6%**

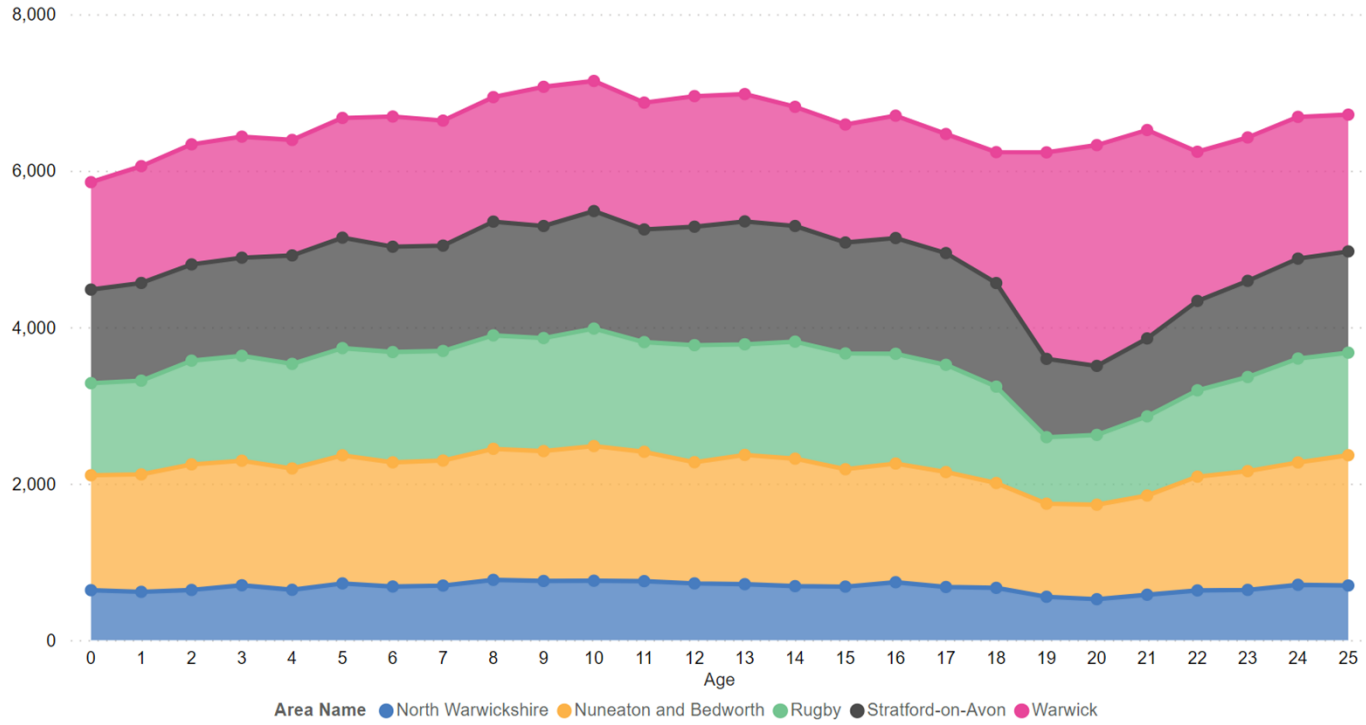
Source: Mid-2021 population estimates, Office of National Statistics[75]

Across the districts and boroughs, the numbers within each single year of age increase slightly until the early teens before dipping at later ages. There is a noticeable dip in the number of people in each single year age grouping for the age range from 18–19, except for in Warwick District where the numbers sharply increase, partly due to the universities (see Figure 6).

75

https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2021

Figure 6: Number of people of each single year of age across Warwickshire districts and boroughs



Source: Mid-2021 population estimates, Office of National Statistics[76]

The Office for National Statistics (ONS) produces estimates of the size of the population in future, which can be used to plan services. The estimates are based on factors such as mortality, migration, and movement around the country, and also trends in birth rates. They cannot account for unknown factors such as economic changes or events such as the pandemic. The last projections at local authority level were released in June 2020 so they were before the 2021 Census and would not have factored in any effects of the pandemic. The Census results have shown these projections to underestimate the total population in each area (by around 2-3%) except in North Warwickshire where they have been a slight overestimate. However, these projections are still the best resource for the expected population trends.

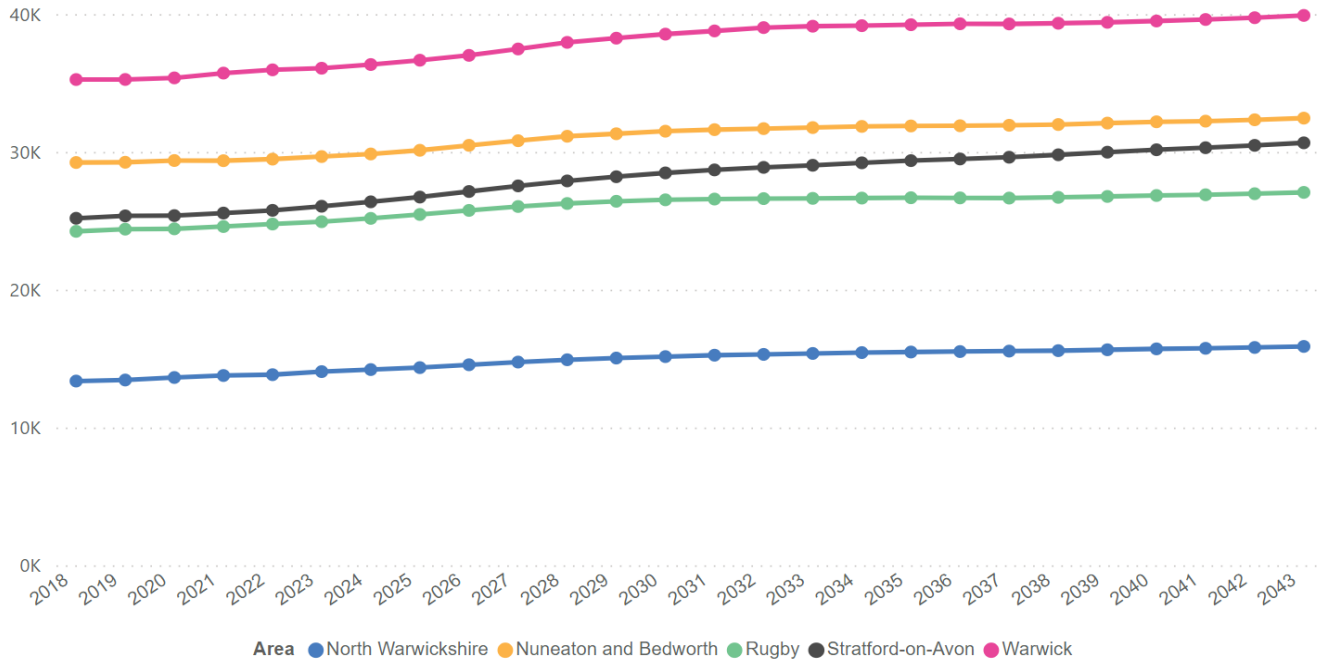
There is a predicted 14% increase (from 161,029 to 183,601) in the number of people aged 0–24 in Warwickshire between 2018 and 2043, lower than the 20% increase (from 571,010 to 684,310) expected across the whole population. The expected increase is around 5,000–

76

https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2021 (accessed March 2023)

5,500 for the 0-4, 5-9, 10-14 and 15-19 age bands, with a smaller predicted increase of around 2,400 for the 20-24 age group. As shown in Figure 7, the largest increase in the 0–24 population is expected in Stratford-on-Avon (23% increase from 31,900 to 39,200) with this being driven by an increase in people aged 0–19 with little predicted change in the 20–24 population.

Figure 7: Population projections, 0-24 population from 2018 to 2043 by District and Borough



Source: Population projections, Office of National Statistics[77]

HOUSING DEVELOPMENTS

Warwickshire is forecast to see large growth in its housing stock in the coming years, evidenced in each District & Borough Local Plan. Although the housing trajectories do not specifically account for age, we can reasonably assume that the projected housing growth identified across all Districts & Boroughs in Warwickshire will increase the number of children and young people in the county over and above the population projections identified above.

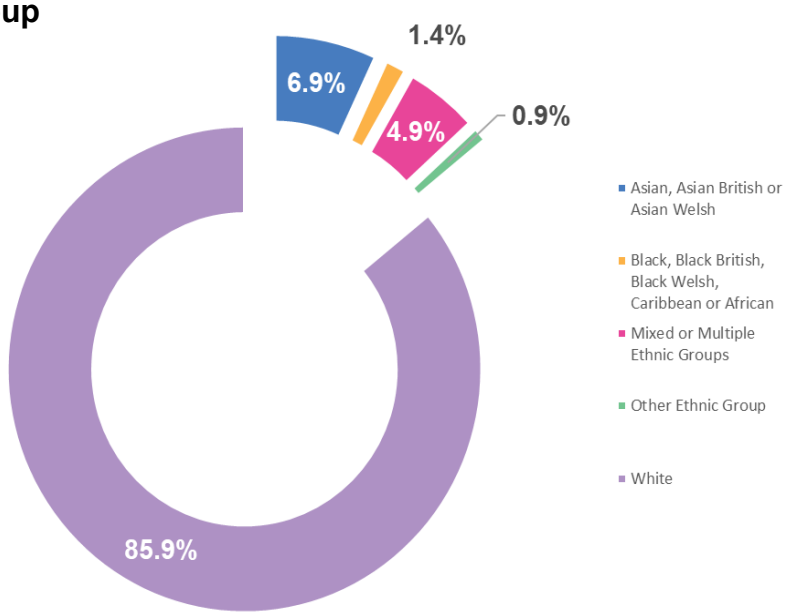
77 https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2021 (accessed March 2023)

ETHNICITY

There are inequalities in the health of people with different ethnic backgrounds[78]. Inequalities in health are those differences that are unfair and largely preventable. Inequalities in health are influenced by wider socio-economic factors, cannot be attributed to one specific reason, and rely on action across the whole population health framework to mitigate. Ethnicities other than 'White English' are more likely to encounter racism in some form. Discrimination and racism can negatively affect both physical and mental health of people from ethnic minority groups[79].

The largest ethnic group of children and young people in Warwickshire is the "White" category and this accounts for 85.9% of the 0–25 population. The 0–25 population is more diverse than the rest of the Warwickshire population where 92.8% of those aged 26+ recorded as white.

Figure 8: Warwickshire 0-25 Population by Ethnic Group



Source: ONS Census 2021

The "Asian, Asian British or Asian Welsh" ethnic group is the second largest at 6.93% of the 0–25 population. The majority of this group reported as "Indian" (4.63% of the total 0-25 population) with the second highest being "Other Asian" (1.12% of the total 0-25 population).

Other low level ethnic groups selected by more than 1% of the 0-25 population were within the "Mixed or Multiple: ethnic groups" (White and Asian - 1.92%, White and Black Caribbean - 1.74%) and "Black, Black British, Black Welsh, Caribbean or African" (African - 1.09%).

[78] Public Health Outcomes Framework: Health Equity Report - Focus on ethnicity, Public Health England, 2017

[79] The health of people from ethnic minority groups in England, The King's Fund, 2021 (accessed February 2023)

There has been significant growth in minority ethnicity communities in Warwickshire in the last twenty years. In the 2001 census, 8.3% reported an ethnic group other than white, compared with 20% in the most recent 2021 census.

Tables 2–4 show the ethnic diversity of the districts and boroughs in Warwickshire within the three age groupings. These figures are taken from the 2021 Census data but it is important to note that this is reported on a single year of age basis and these are rounded to the nearest 5 with any numbers under 10 suppressed. Where numbers are zero this should not be taken to mean that there are actually no people of that ethnicity in the area, only that there are less than 10 people within each year of age. Similarly, low percentages are likely to be lower than the reality for the same reason. The tables below therefore give an idea of the difference in ethnic diversity between the districts and boroughs, rather than exact figures. The groupings in these tables are the high-level ethnic groups which are collated from 19 low level groups used in the Census questions[80].

Table 2: 0-5 Population by district and ethnicity

Geography Name	Asian, Asian British or Asian Welsh	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Other ethnic group	White
North Warwickshire	0.0%	0.0%	3.0%	0.0%	97.0%
Nuneaton and Bedworth	8.5%	3.1%	5.0%	1.2%	82.2%
Rugby	8.4%	3.6%	7.9%	1.1%	79.1%
Stratford-on-Avon	1.1%	0.0%	4.6%	0.0%	94.3%
Warwick	10.1%	0.5%	8.2%	1.5%	79.7%
Warwickshire	**6.5%**	**1.6%**	**6.0%**	**0.9%**	**84.9%**

Table 3: 6-17 Population by district and ethnicity

Geography Name	Asian, Asian British or Asian Welsh	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Other ethnic group	White
North Warwickshire	0.1%	0.0%	3.5%	0.0%	96.4%
Nuneaton and Bedworth	8.6%	2.1%	4.0%	1.1%	84.1%
Rugby	9.0%	3.5%	6.7%	0.9%	79.9%
Stratford-on-Avon	1.5%	0.0%	4.5%	0.1%	93.9%
Warwick	10.0%	0.4%	7.5%	1.4%	80.7%
Warwickshire	**6.6%**	**1.3%**	**5.4%**	**0.8%**	**85.7%**

[80] For details on the categories used see: Ethnic group, national identity and religion, ONS, https://www.ons.gov.uk/methodology/classificationsandstandards/measuringequality/ethnicgroupnationalidentityandreligion#:~:text=The%20recommended%20ethnic%20group%20question,What%20is%20your%20ethnic%20group%3F%E2%80%9D (accessed February 2023)

Table 4: 18-25 population by district and ethnicity

Geography Name	Asian, Asian British or Asian Welsh	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Other ethnic group	White
North Warwickshire	0.0%	0.0%	0.9%	0.0%	99.1%
Nuneaton and Bedworth	8.1%	1.0%	2.5%	1.0%	87.4%
Rugby	5.9%	1.6%	3.4%	1.1%	88.0%
Stratford-on-Avon	0.4%	0.0%	2.0%	0.2%	97.5%
Warwick	14.2%	2.1%	4.6%	1.8%	77.3%
Warwickshire	**7.7%**	**1.2%**	**3.1%**	**1.0%**	**86.9%**

Source: Census 2021, ONS.

Comparing the areas, North Warwickshire Borough and Stratford-on-Avon District have the highest percentage reporting as white in each of the age groupings. Rugby, Nuneaton & Bedworth, and Warwick are comparably more diverse with 18%, 15% and 21% respectively of the 0-25 population recorded in a category other than white. For the 18–25 age group, the percentage reporting as white is larger than the 6-17 age group for all areas except for Warwick District which is smaller at 77.3% compared to 80.7%.

GENDER

In the 2021 Census, respondents aged 16 and over were voluntarily asked “Is the gender you identify with the same as your sex registered at birth?” (Table 5). For the 16–24 respondents, 93.26% stated that their gender identity was the same, 5.93% did not answer the question and 0.81% stated that their gender identity was different. The number of people whose gender identity was different from the sex at birth was higher for this age group than any other age group, with 0.29% of the 25+ population selecting this category. This differed across Warwickshire from 0.61% in North Warwickshire Borough to 0.92% in Warwick District.

Table 5: Number and percentage responses to “Is the gender you identify with the same as your sex registered at birth?” for the 16–24 age group in Warwickshire.

	Gender identity different from sex registered at birth		Gender identity same as sex registered at birth		Not answered	
Area	Count	%	Count	%	Count	%
North Warwickshire	35	0.6%	5430	95.3%	230	4.0%
Nuneaton and Bedworth	105	0.8%	11765	94.2%	620	5.0%
Rugby	80	0.8%	9595	93.1%	630	6.1%
Stratford-on-Avon	75	0.7%	9800	94.5%	500	4.8%
Warwick	170	0.9%	16880	91.4%	1420	7.7%
Warwickshire	**465**	**0.8%**	**53470**	**93.3%**	**3400**	**5.9%**

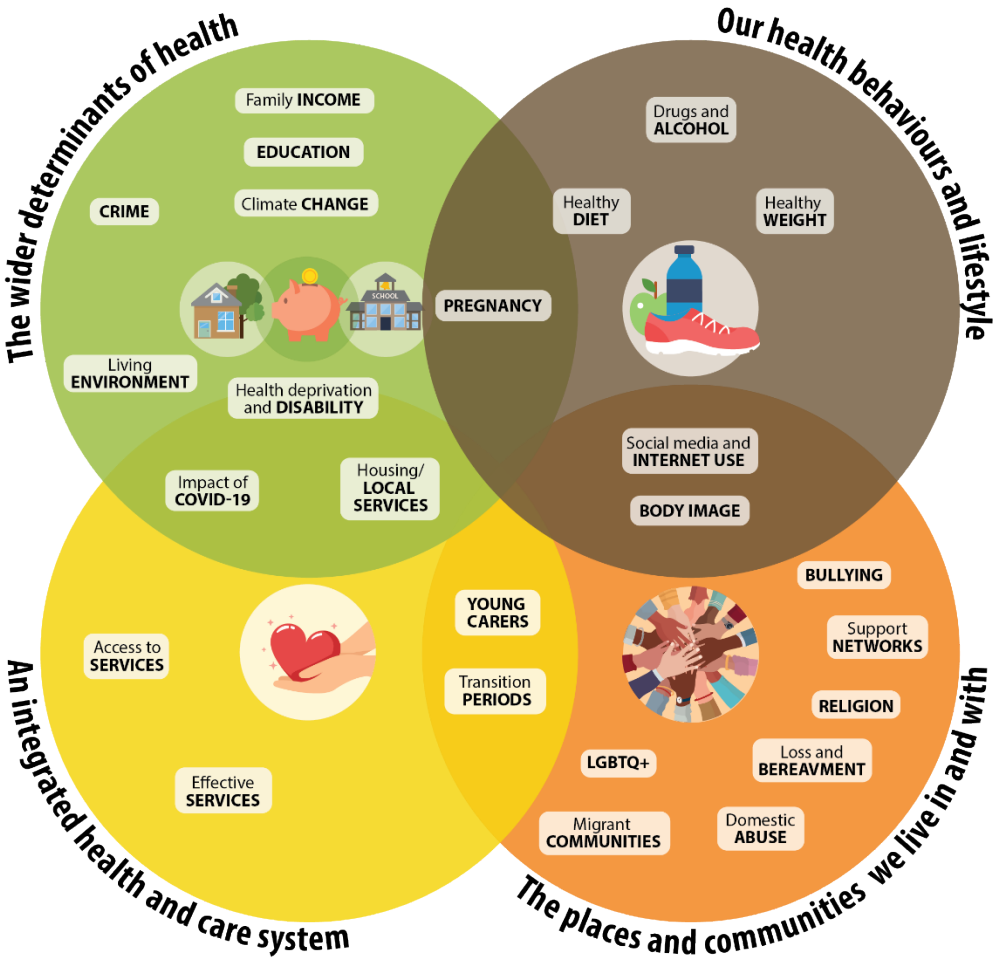
Source: Census 2021, Office for National Statistics, NOMIS[81]

[81] https://www.nomisweb.co.uk/sources/census_2021

THRIVING – WHERE PREVENTION AND PROMOTION CAN PROTECT MENTAL HEALTH

According to the Thrive framework, Thriving is identified as “Those whose current need is support in maintaining mental wellbeing through effective prevention and promotion strategies”. This JSNA has scoped a range of factors that can impact both the mental health and the mental resilience of infants, children, and young people. These have been structured around the Kings Fund Population Health System model as shown in figure 9.

Figure 8: Risk factors for Children and Young People Population Health System



Source: Kings Fund and WCC

HEALTH BEHAVIOURS & LIFESTYLES

SUBSTANCE USE

Smoking or vaping nicotine, drinking, and drug use are the most common substances used by children and young people with a variety of behavioural approaches including experimentation, testing boundaries, and taking risks.

Table 6 shows findings from a 2021 national NHS survey of young people that found that been a decrease in the prevalence of smoking cigarettes and lifetime illicit drug use. Conversely, there has been an increase in e-cigarette use, particularly amongst 15 year-olds girls where 1 in 5 (21%) were classified as current e-cigarette users.

Table 6: National prevalence of smoking amongst young people

Respondents NHS Survey of Young People:	2018	2021
Saying they had ever smoked	16%	12%
Current Smokers	5%	3%
Regular Smokers	2%	1%
Current e-cigarette use (vaping)	6%	9%
Ever taken drugs	24%	18%

Source: NHS Digital[82]

The survey also highlighted that 40% of pupils said they had ever had an alcoholic drink. The prevalence increases with age, from 13% of 11-year-olds to 65% of 15-year-olds. 6% of all pupils said they usually drank alcohol at least once per week. The proportion increases with age, from 1% of 11-year-olds to 14% of 15-year-olds.

There are some signs that can indicate a problem with alcohol or drugs:

[82] https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021 (accessed March 2023)

- Change in school performance
- Persistent lateness
- Mood swings
- Being absent from lessons or school
- Smelling of alcohol or cannabis
- Restlessness or tiredness
- Becoming more secretive and distancing themselves from friendship groups
- Reports of money disappearing from home or friends
- Lack of care in appearance

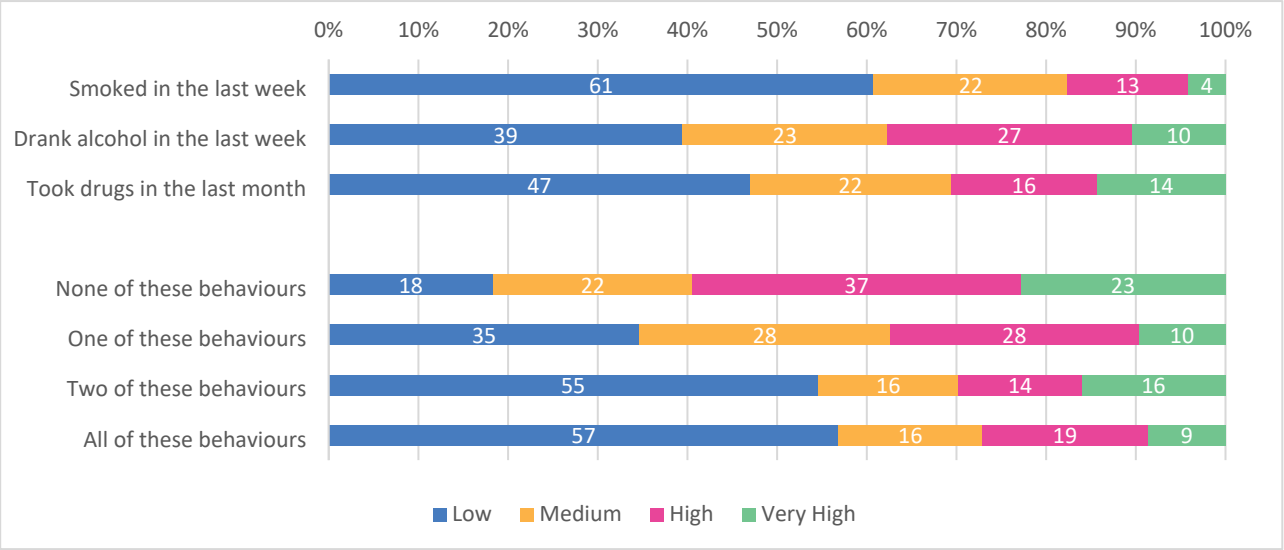
A 2021 national NHS survey[83] of young people compared respondents' wellbeing by recent behaviours of smoking, drinking, and drug use. Figure 10 shows the percentage reporting low level of life satisfaction, medium level of life satisfaction, and high or very high level of life satisfaction by behaviours.

The likelihood of pupils reporting a low level of life satisfaction increased with the number of recent behaviours. Reporting low life satisfaction nowadays compared to 18% for pupils with no recent behaviours:

- 61% of pupils who smoked in the last week,
- 47% of pupils who had taken drugs in the last month
- 39% of pupils who drank alcohol in the last week

[83] https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021 (accessed November 2022)

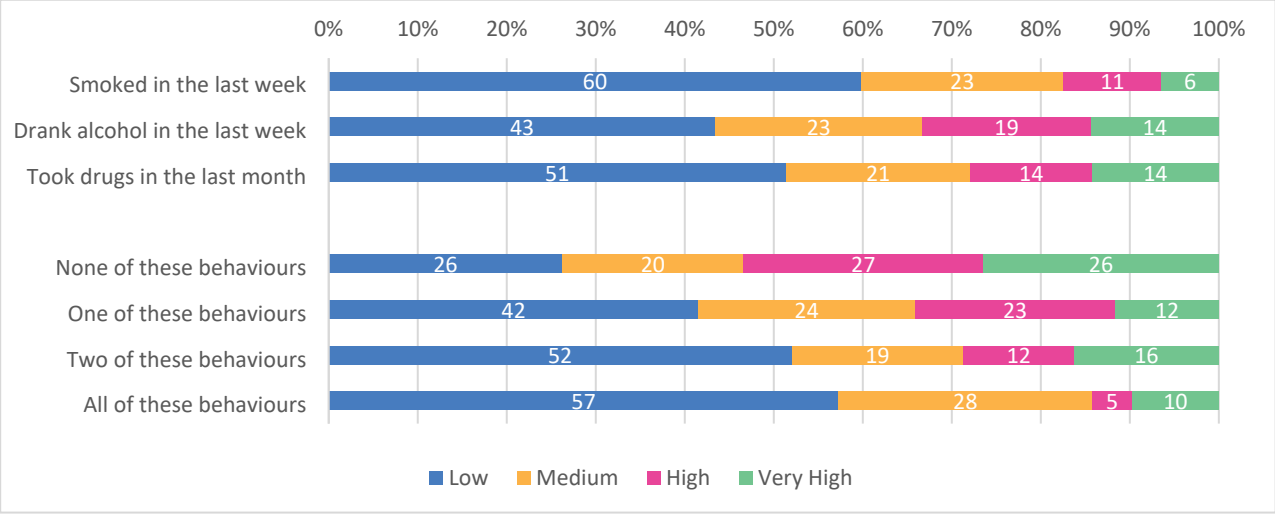
Figure 9: Life satisfaction by recent behaviours (smoking, drinking, and drug use)



Source: NHS Digital[84]

Similar trends can be seen in Figure 11 and Figure 12 happiness levels felt yesterday, and feeling that the things they do in life are worthwhile.

Figure 10: Happiness felt yesterday by recent behaviours (smoking, drinking, and drug use)

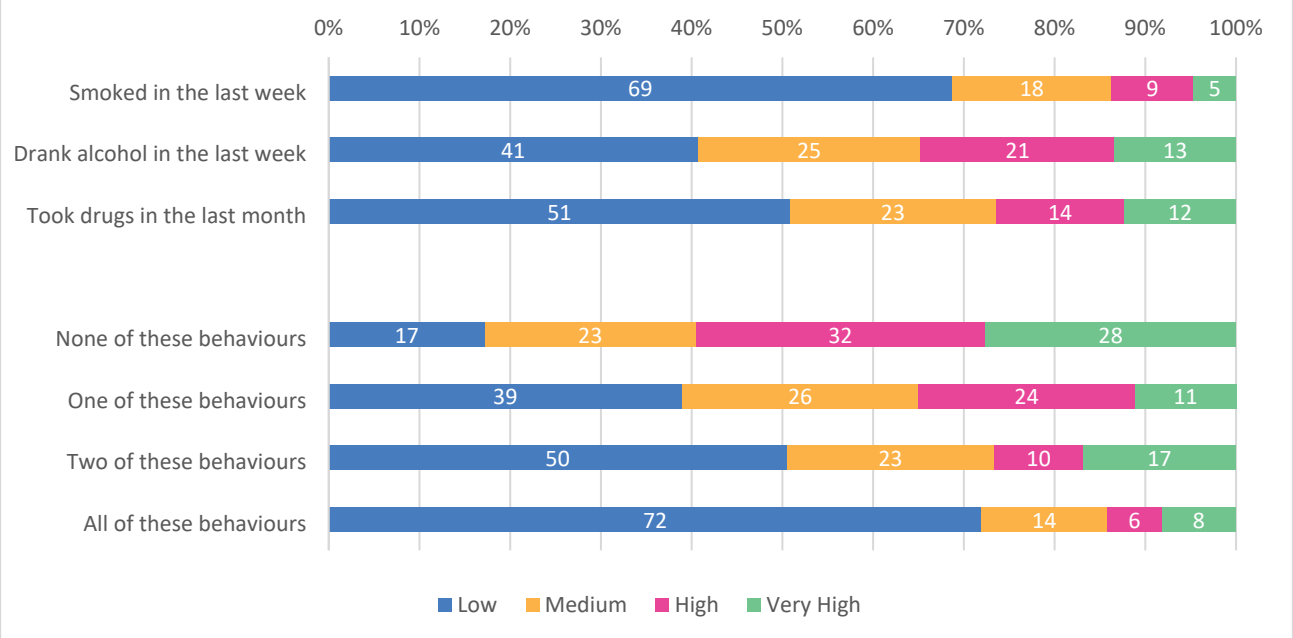


Source: NHS Digital[85]

[84] https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021/part-13-wellbeing (accessed March 2023)

[85] https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021/part-13-wellbeing (accessed March 2023)

Figure 11: To what extent pupils feel that the things they do in life are worthwhile by recent behaviours (smoking, drinking, and drug use)



Source: NHS Digital[86]

Figure 13 shows that levels of anxiety in pupils were higher if they had taken part in smoking, drinking, and drug use than the average for all pupils,

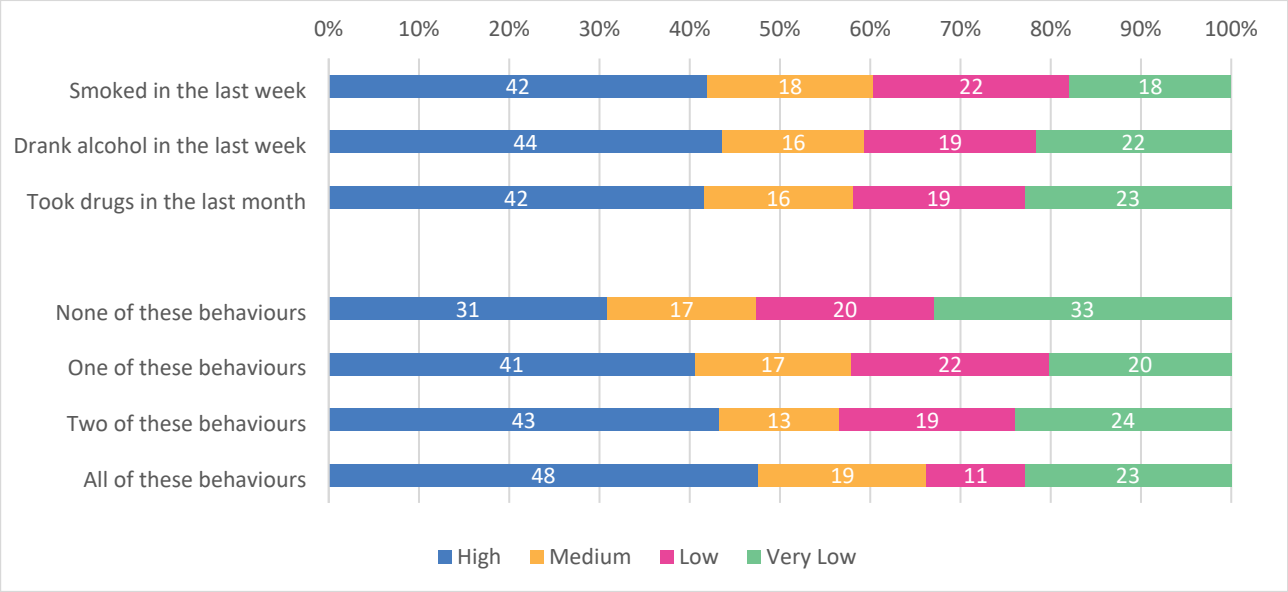
Reporting a high level of anxiety felt yesterday compared to 31% for pupils with none of the recent behaviours:

- 44% of pupils who had drunk alcohol in the last week
- 42% of pupils who smoked in the last week
- 42% of pupils who had taken drugs in the last month

Whilst the likelihood of pupils reporting a high level of anxiety did increase somewhat with the number of recent behaviours, the difference was less than for the other measures.

[86] https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021/part-13-wellbeing (accessed March 2023)

Figure 12: Anxiety felt yesterday by recent behaviours (smoking, drinking, and drug use)



Source: NHS Digital[87]

Mentally Healthy Schools[88] identifies several ways that schools can help children and young people navigate experiences with alcohol and drugs, including:

- Writing an accessible drugs and alcohol policy that is shared with students, staff, parents, governors, and the whole school community.
- Having clear school rules regarding the use of drugs and alcohol which are regularly referred to and discussed.
- Ensuring there is high quality drug and alcohol education for all students from a young age, making use of specialists where available to talk confidently about local issues.
- Providing high quality training for staff so that they are able to give informed advice and guidance.
- Ensuring there is a senior member of staff who is responsible for updating the drugs and alcohol policy and liaising with local police and support services.
- Providing support and places of safe talking for vulnerable students, especially where there is drug or alcohol misuse in the family.

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[87] https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021/part-13-wellbeing (accessed March 2023)

[88] https://mentallyhealthyschools.org.uk/risks-and-protective-factors/lifestyle-factors/drugs-and-alcohol/ (accessed November 2022)

- Helping young people develop a sense of attachment to school and view it as a place of acceptance, so that they can voice their worries about their own personal choices and those in their family.
- Involving the pastoral team and school nurse in providing support.

HEALTHY WEIGHT

Childhood obesity and excess weight is a national public health concern, with serious implications for a child's physical and mental health. Researchers from University College London and University of Liverpool[89] who analysed data on more than 17,000 children born in the UK who took part in the Millennium Cohort Study[90] found that there is a link between obesity and poor mental health. Both are more common amongst groups who are socioeconomically disadvantaged because of a similar set of causal factors. However, the study adjusted for this confounding factor and the relationship remained, with obesity at age 7 a risk factor for emotional distress at age 11, and in turn, mental health problems predicting high BMI at age 14. Adjusting for confounders in this way strengthens the evidence that the relationships is causal.

There is also evidence to suggest that as children and young people get older obesity and internalising symptoms of emotional problems co-occur[91], with ages 11 to 14 being more likely to have this co-occurrence than in early childhood.

Figure 14 shows the % of children who are underweight, of healthy weight, overweight, and obese in Reception and Year 6. The percentage of children in the healthy weight category decreases by 11 percentage points as children move from age 4 to 5 to age 10-11:

- Reception Age 4-5 – 77%
- Year 6 Age 10-11 – 66%

[89] https://cls.ucl.ac.uk/obesity-and-emotional-problems-tend-to-develop-together-as-children-age-new-research-shows/ (accessed October 2022)

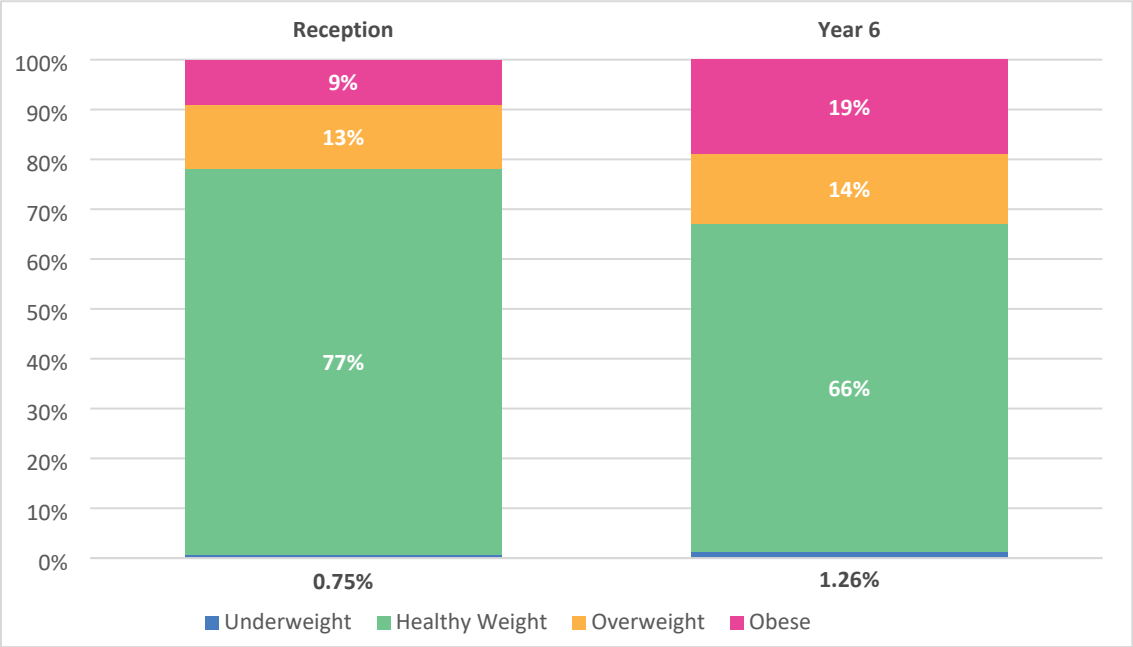
[90] https://cls.ucl.ac.uk/cls-studies/millennium-cohort-study/ (accessed October 2022)

[91] https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2728183 (accessed October 2022)

The percentage of children in the obese weight category increases by 10 percentage points as children move from age 4 to 5 to age 10-11:

- Reception Age 4-5 – 9%
- Year 6 Age 10-11 – 19%

Figure 13: Reception and Year 6 Pupils by Weight Category, Warwickshire combined 5-year data (%)

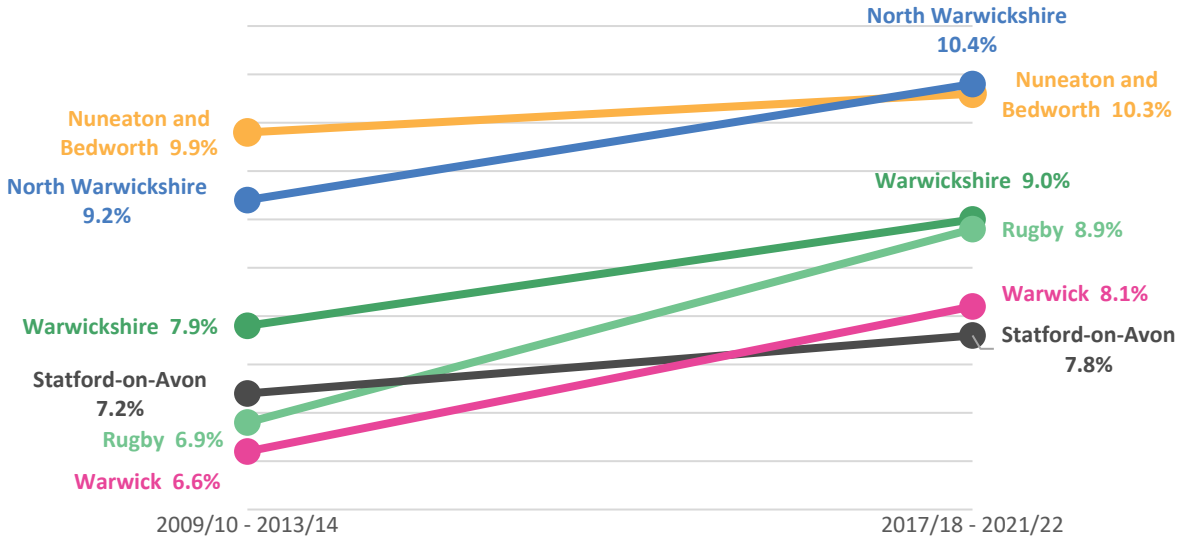


Source: National Child Measurement Programme[92]

Figures 15 and 16 show how this has increased overtime, with both Reception and Year 6 showing increases between the combined years 2009/10 – 2013/14 to 2017/18 – 2021/22. In both periods the highest rates are found in Nuneaton and Bedworth and North Warwickshire, which are both higher than the Warwickshire average.

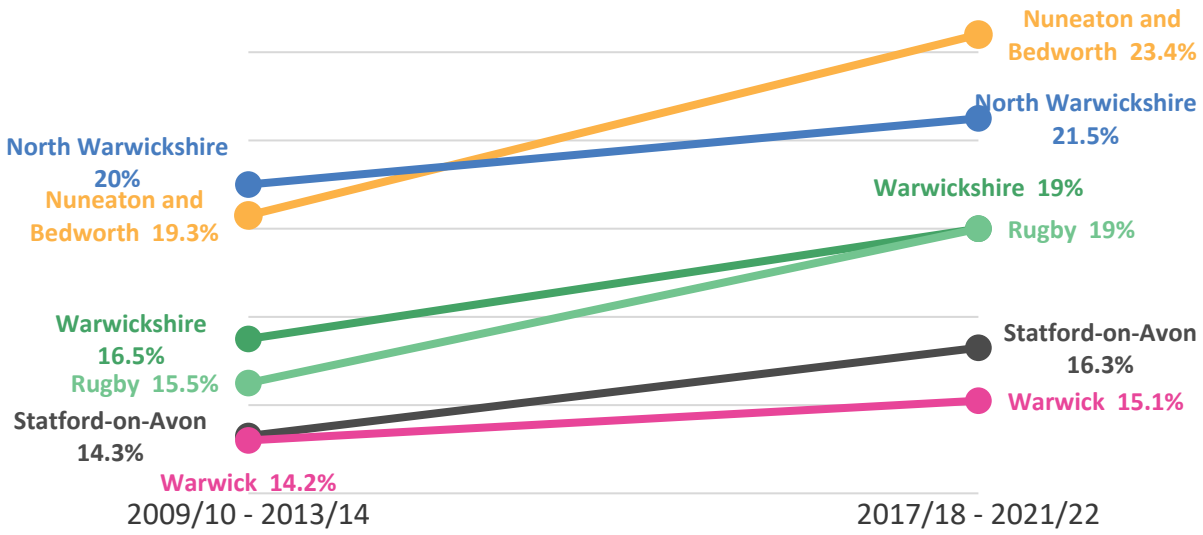
[92] https://digital.nhs.uk/services/national-child-measurement-programme/ (accessed March 2023)

Figure 14: Changes in child obesity over time in reception school year



Source: National Child Measurement Programme[93]

Figure 15: Changes in child obesity over time in Year 6 school year



Source: National Child Measurement Programme[94]

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[93] https://digital.nhs.uk/services/national-child-measurement-programme/ (accessed March 2023)

[94] https://digital.nhs.uk/services/national-child-measurement-programme/ (accessed March 2023)

The Warwickshire Health Needs Assessment asks several questions that relate to concern about weight.

Responses in Warwickshire show that almost 1 in 10 parents of reception aged children are worried about their child's diet, in Year 6 there is an increase in the percentage of children who are worried about what they eat, and in Year 9 28% of children are worried about their weight.

Figure 17: Parents of reception aged children: Are you worried about your child's diet?

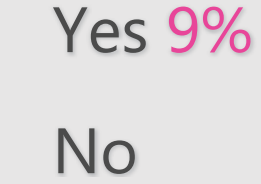
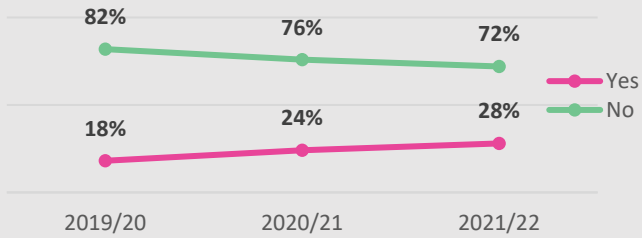


Figure 16: Are you worried about what you eat/your weight?

Year 6: Are you worried in any way about what you eat?



Year 9: Are you worried in any way about your weight?

Source: School Survey 2019/20 - 2021/22

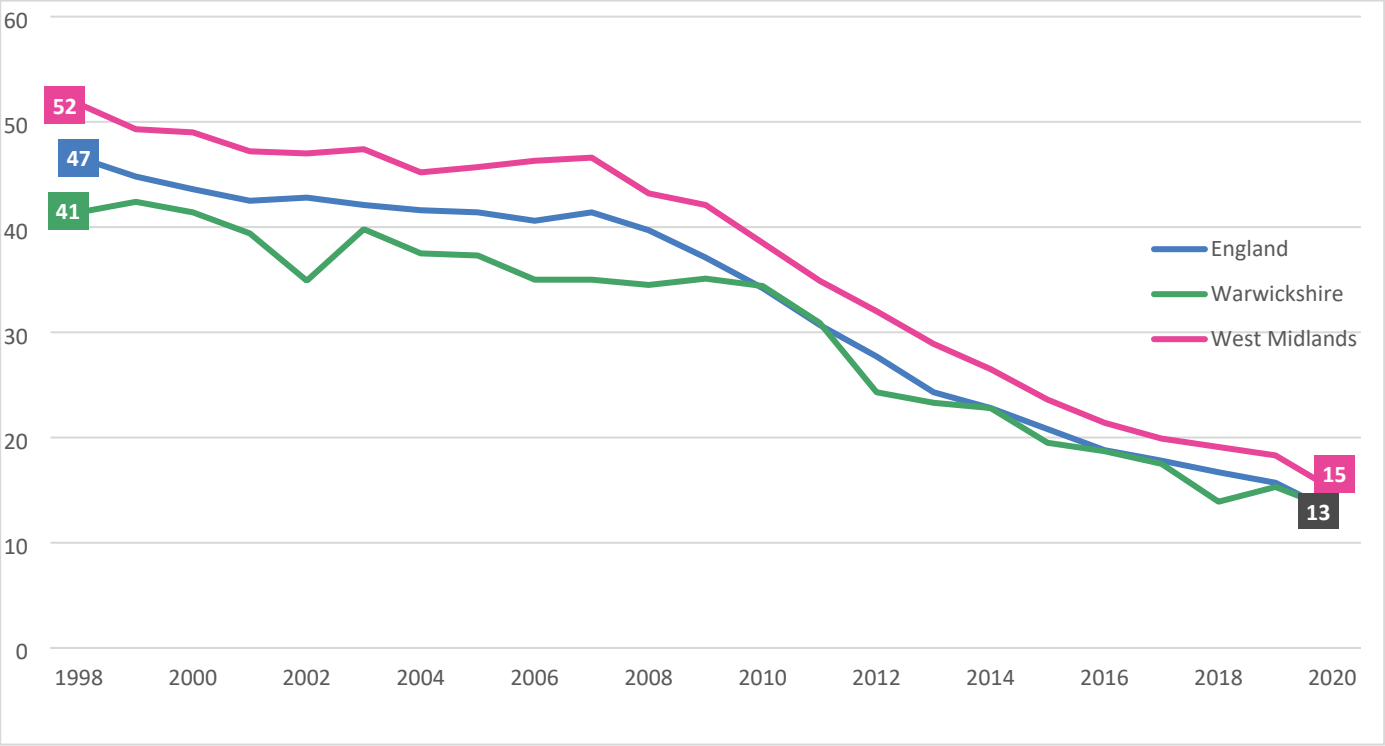
PREGNANCY

Although conception rates in younger mothers have been steadily falling over the past 20 years (Figure 19), it remains a significant consideration in young adult mental health. It is well acknowledged pregnancy in adolescence is associated with less favourable outcomes for both mother and baby from a social, physiological, and mental health perspective. Pregnancy in adolescence is closely tied to marginalisation with social problems such as poverty, unemployment, low levels of education, and isolation being more prevalent[95]. The physiological impacts of very young maternal age (<15 years or 2 years after menarche) are also significant with evidence suggesting this has a negative effect on both maternal and

[95] Cook SMC , Cameron ST Social issues of teenage pregnancy. http://dx.doi.org/10.1111/j.1365-3016.2012.01290.x (Accessed November 2022)

foetal growth and infant survival. Teenage mothers are more likely to experience adverse short term health impacts as well as postpartum depression[96].

Figure 18: Conceptions per 1,000 women aged 15-17 by age group, England and Wales, 1998 to 2020



Source: Office for National Statistics[97]

Table 7 shows that between 2019 – 2021 the total numbers of births for mothers aged 24 and under has fallen from 903 to 829, with the highest number of pregnancies being in the 20-24 age range.

[96] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6823974/ (Accessed November 2022)

[97] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2020

Table 7: Number of births in women under the age of 24 in Warwickshire

Age of Mother	2019	2020	2021
Mother aged under 18	32	27	28
Mother aged 19-20	112	112	90
Mother aged 20-24	759	691	711
Total of <20 & 20-24	**903**	**830**	**829**

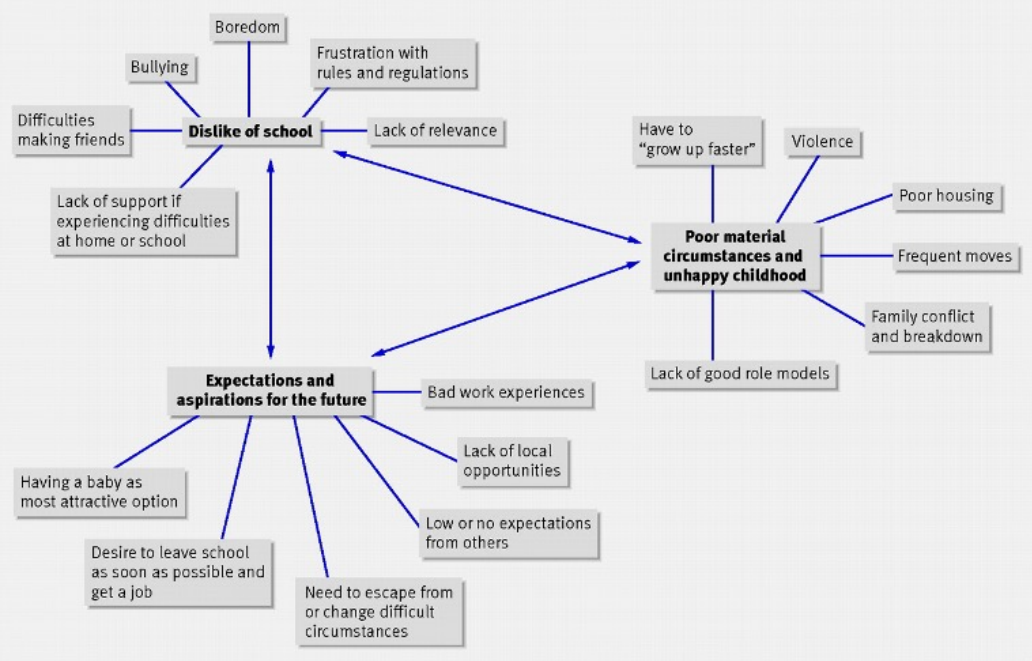
Source: ONS Live Births, NOMIS[98]

There is a complex interplay of factors which can contribute to poor maternal mental health and will mean some young women are at a high risk of developing mental health issues, demonstrated in Figure 20. These include a lack of support structure, experience in the care system and prior psychological distress including exposure to violence which may lead to increased risk of developing depression. Poverty remains a contributing factor in both prenatal and postnatal mental wellbeing[99].

[98] https://www.nomisweb.co.uk/datasets/lebirthrates (accessed March 2023)

[99] https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-019-0848-5 (Accessed November 2022)

Figure 19: Thematic analysis of young people's views on the role of education, training, employment and careers, and financial circumstances in teenage pregnancies.



Source: The BMJ, Teenage pregnancy and social disadvantage: systematic review integrating controlled trials and qualitative studies[100]

Whilst the rate of under 18 conceptions has fallen, Figure 21 shows an increase in the percentage of under 18 conceptions leading to abortions. Evidence is currently mixed as to whether having an abortion has a negative impact on mental health. Research set forward in 'Abortion and mental health: quantitative synthesis and analysis of research published 1995-2009'[101] showed a moderate to highly increased risk of mental health problems after abortion, with women who had undergone an abortion experiencing an 81% increased risk of mental health problems, and nearly 10% of the incidence of mental health problems was shown to be attributable to abortion. However, other studies including 'The mental health impact of receiving vs. being denied a wanted abortion'[102] highlighted that having a wanted abortion

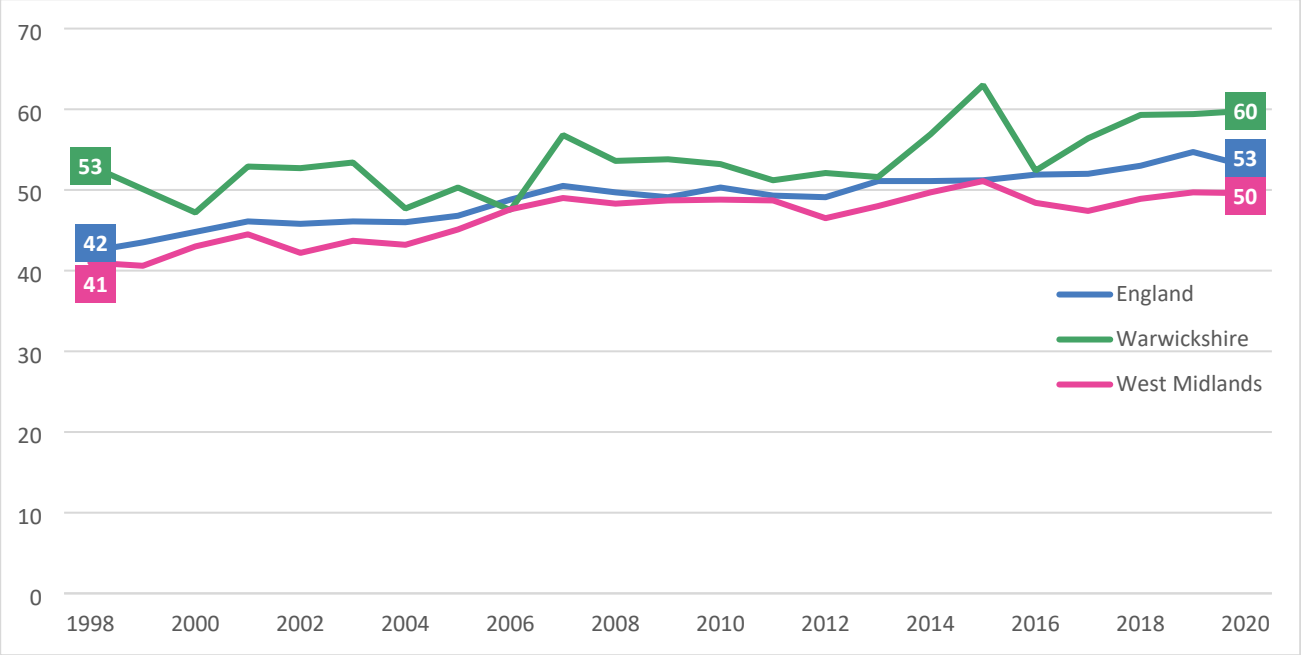
[100] https://www.bmj.com/content/339/bmj.b4254 (accessed March 2023)

[101] https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/abortion-and-mental-health-quantitative-synthesis-and-analysis-of-research-published-19952009/E8D556AAE1C1D2F0F8B060B28BEE6C3D (accessed March 2023)

[102] https://www.ansirh.org/sites/default/files/publications/files/mental_health_issue_brief_7-24-2018.pdf (accessed March 2023)

was not associated with mental health harms, and that compared to receiving an abortion, being denied a wanted abortion was associated with experiencing more symptoms of anxiety and low self-esteem one week after denial. This debate does raise the question of what can be done in order to prevent children and young people needing an abortion, as going through an abortion will carry some risk to the individual.

Figure 20: Percentage of Under 18 conceptions leading to abortions



Source: The Office for National Statistics[103]

According to the Mental health foundation, young fathers are significantly more likely to experience depression than older fathers and over one third of young fathers (39.2%) wanted support for their mental health. They are more likely to struggle with unstable housing, homelessness, isolation, unemployment and relationship breakdown than those who become fathers above the age of 23 which places them at risk of poor mental health. Over one third (34%) reported not living with their child full time.[104]

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103 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2020

104 https://www.mentalhealth.org.uk/explore-mental-health/blogs/fathers-day-focus-young-fathers-and-mental-health

PLACES & COMMUNITIES

SUPPORT NETWORKS

A support network, such as a network of family and friends that can offer support in difficult times, is often identified as a key component of good mental health and wellbeing. Supportive, reliable relationships can help with children's resilience and feelings of security, allowing them to thrive[105]. Having a poor support network has been linked to depression and loneliness and increases the risk of alcohol use, depression, and suicides[106]. Furthermore, loneliness and social isolation have been evidenced to have a negative impact on risk of mortality exceeding that of obesity, and comparable to smoking 15 cigarettes a day[107].

Importantly, several papers emerging following the pandemic have highlighted the differential impact of support networks on children; for example those with probable mental health problems were more likely to report feeling lonely, and felt fearful of leaving the house[108]. Those from economically disadvantaged backgrounds, minority ethnic backgrounds, and with pre-existing mental illnesses or special educational needs and disabilities were disproportionately affected by the pandemic[109,]purportedly due to having less access to technology to communicate with friends.

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[105] https://emergingminds.com.au/resources/building-your-childs-support-networks-when-you-experience-mental-illness/ Accessed January 2023.

[106] https://www.verywellmind.com/social-support-for-psychological-health-4119970 (Accessed December 2022) https://www.verywellmind.com/social-support-for-psychological-health-4119970 (Accessed December 2022)

[107] https://www.aging.senate.gov/imo/media/doc/SCA_Holt_04_27_17.pdf. Holt-Lunstad, J. et al. (2015) Loneliness and Social Isolation as Risk Factors for Mortality: A MetaAnalytic Review. (Accessed January 2023)

[108] https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30570-8/fulltext; Newlove-Delgado T, McManus S, Sadler K, et al. Child mental health in England before and during the COVID-19 lockdown. The Lancet Psychiatry. (Accessed January 2023)

[109] http://commonplace-customer-assets.s3.amazonaws.com/lambethwellbeingsurvey/CYPMH%20JSNA%20%20final%20version%20with%20all%20amendments.docx.pdf ; Bignardi G, Dalmaijer ES, Anwyl-Irvine AL, et al. Longitudinal increases in childhood depression during the COVID-19 lockdown in a UK cohort 2020. Accessed January 2023.

Meanwhile strong support networks have been found to be a protective factor for children's wellbeing[110]. Strong and diverse social networks were protective and offered better access to support during the pandemic[111]. In other challenging situations such as where parents are suffering with poor mental health, it is protective for the child to have another trusted adult they can turn to for support as and when needed[112]. The NSPCC also describe positive impacts on wellbeing and resilience from having peer support networks in these situations, with improved self-esteem along with better communication and coping skills[113]. Children receive a sense of connection from social networks which confers a positive impact on mental health. Children who are having difficulties with their mental health are more likely to discuss these with friends and family members initially, with their ongoing involvement reducing the risk of relapse and increasing the young person's quality of life and social adjustment[114]. Positive views and encouragement were commonly reported to be facilitators in seeking professional support for mental health problems[115]. Additionally, support in the form of friendship groups has been identified as protective against bullying[116], with social exclusion itself labelled a form of bullying[117].

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[110] https://learning.nspcc.org.uk/safeguarding-child-protection/early-help-early-intervention#heading-top; https://www.thurrock.gov.uk/sites/default/files/assets/documents/jsna-cyp-mental-health-201806-summary-v01.pdf. Accessed January 2023.

[111] http://commonplace-customer-assets.s3.amazonaws.com/lambethwellbeingsurvey/CYPMH%20JSNA%20%20final%20version%20with%20all%20amendments.docx.pdf; https://www.innovationunit.org/wp-content/uploads/Final-report.pdf. Accessed January 2023.

[112] https://learning.nspcc.org.uk/children-and-families-at-risk/parental-mental-health-problems#skip-to-content. (Accessed January 2023).

[113] https://learning.nspcc.org.uk/children-and-families-at-risk/parental-mental-health-problems#skip-to-content. (Accessed January 2023).

[114] https://headspace.org.au/assets/Uploads/Corporate/inclusion-of-family-and-friends-ext-approved-september-2012.pdf. (Accessed January 2023).

[115] https://link.springer.com/article/10.1007/s00787-019-01469-4. (Accessed January 2023).

[116] Allen, 2014; O'Brien N. 2019

[117] O'Brien N., 2019, O'Brien N. Understanding Alternative Bullying Perspectives Through Research Engagement With Young People. Front Psychol. 2019 Aug 28;10:1984. doi: 10.3389/fpsyg.2019.01984. PMID: 31555177; PMCID: PMC6722199. Accessed January 2023.

A follow up survey and report - the Mental Health of Children and Young People survey – which was started in 2017 and most recently updated with findings from 2022 investigated mental health and loneliness. Children aged 11-16 self-reported how often they felt lonely; 5.2% responded with 'often or always', with 31.6% reporting 'occasionally or sometimes'. This was similar over the preceding 2 years. However, this was higher in girls than boys, and higher in all of those with a 'probable mental health disorder'. In 17-22 year olds, a significantly higher 12.6% reported feeling 'often or always' lonely, with 54.1% reporting they feel so 'occasionally or sometimes'. Again this was similar between years, and higher in those with probable mental health disorders. As mentioned previously, having poor support networks have been linked to feelings of loneliness, and per some definitions could be used as a proxy marker. However, there is a lot of research on how loneliness is related to popularity, number of friends, quality of friendships amongst other social measures and it is not a straightforward unidirectional influence, which is worth bearing in mind as we associate the two here.

Increasing prevalence of CAMHS problems, which were also found to be more complex and deep-rooted, were most frequently attributed to family breakdown and lack of family and friends support networks in a previous report from the service[118]. The World Health Organisation (WHO) describes conflict between parents and caregivers as a type of adverse childhood experience, which are closely linked to poor mental health[119]. The previously mentioned study on the role of social capital in child and adolescent health and wellbeing also investigates the role of family social capital, including of cohesion.

Religious communities, whether on a family level or a larger community level, can offer individuals invaluable social networks and support systems, as well as having the effect of moderating health behaviours, with a systematic review of religious and spiritual interventions in adults shown to have a positive impact on mental health with reductions in stress, depression, and alcoholism[120].

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[118] https://warwick.ac.uk/fac/sci/med/staff/dale/camhsreport.pdf. Accessed January 2023.

[119] Nottinghamshire JSNA: Emotional and Mental Health of Children and Young People, 2021. Accessed January 2023.

[120] https://doi.org/10.1017/s0033291715001166 (Accessed November 2022)

BULLYING

The Department for Education (DfE) gives the following definition of bullying:

Bullying is behaviour by an individual or group, repeated over time, that intentionally hurts another individual or group either physically or emotionally. Bullying can take many forms (for instance, cyber-bullying via text messages, social media or gaming, which can include the use of images and video) and is often motivated by prejudice against particular groups, for example on grounds of race, religion, gender, sexual orientation, special educational needs or disabilities, or because a child is adopted, in care or has caring responsibilities. It might be motivated by actual differences between children, or perceived differences[121].

The Annual Bullying Survey 2020 draws experience from 13,387 young people aged 12-18 in the UK[122]. In this survey 25% of respondents said in the past 12-months and based on their own definition that they have been bullied, with 26% saying they have witnessed bullying. From those who were bullied, 41% said they were bullied at least once per month, with 30% saying at least once per week.

The most common types of bullying identified were social exclusion (89%), verbal bullying (86%), rumours (54%), and intimidation (35%).

Table 8: The Annual Bullying Survey 2020 when asked "why do you think you were bullied?"

47% - attitudes towards my appearance	**30%** - attitudes towards my interests or hobbies	**24%** - because of something I did
22% - being called gay/lesbian when I'm not	**17%** - attitudes towards the clothes I wear	**13%** - attitudes towards my high grades
11% - attitudes towards my low grades	**11%** - attitudes towards my sexuality	**11%** - attitudes towards my mannerisms
8% - attitudes towards low household income	**8%** - a health condition I have	**8%** - because of the things I do online

[121] DfE, https://www.gov.uk/government/publications/preventing-and-tackling-bullying, July 2017, p8

[122] https://www.ditchthelabel.org/research-papers/the-annual-bullying-survey-2020/ (accessed October 2022)

7% - attitudes towards a disability I have	**6%** - attitudes towards high household income	**6%** - attitudes towards my race
5% - attitudes towards my culture	**5%** - attitudes towards my religion	**4%** - attitudes towards my gender identity

Source: Ditch the label[123]

63% of the respondents who had been bullied said it had a moderate to extreme impact on their mental health, with a further breakdown into impact showing in Table 9.

Table 9: The Annual Bullying Survey 2020. Ways in which respondents who had been bullied said it had a impact on their mental health.

44% felt anxious	**36%** felt depressed	**33%** had suicidal thoughts
27% self-harmed	**18%** truanted from school/college	**12%** developed anti-social behaviour
12% developed an eating disorder	**11%** attempted suicide	**9%** ran away from home
8% abused drugs and/or alcohol	**3%** engaged in risky sexual behaviour	

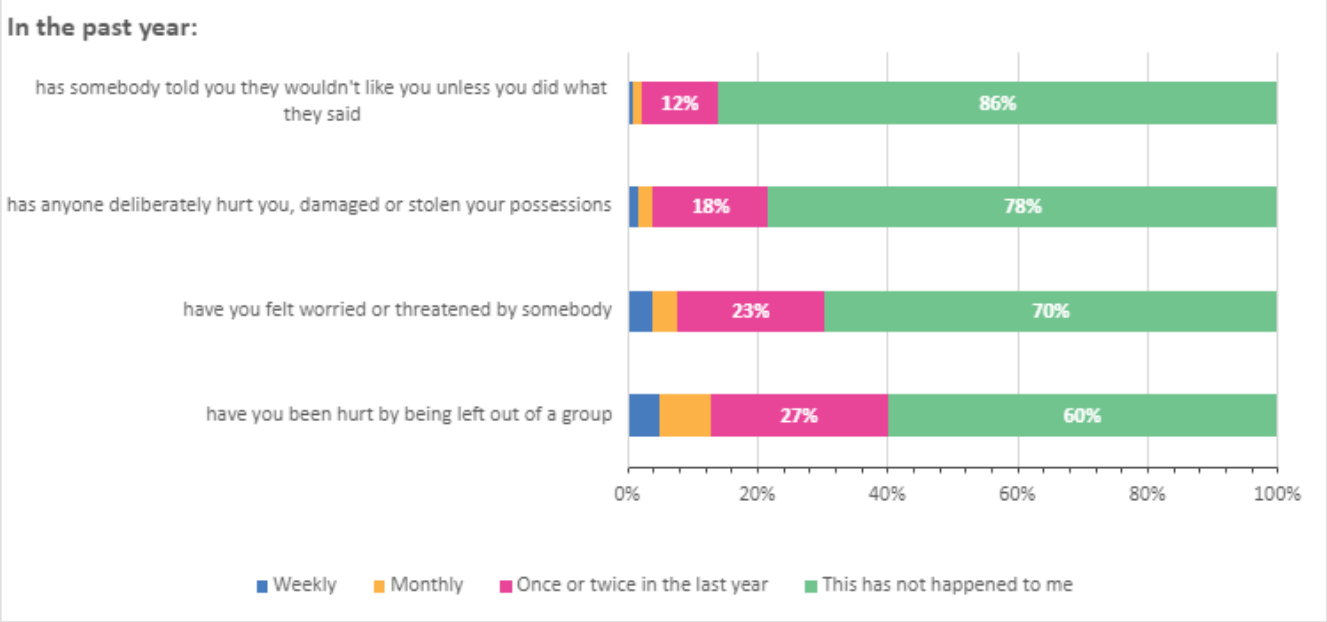
Source: Ditch the label[124]

In Warwickshire the Health Needs Assessment asks Year 6 and Year 9's bullying themed questions which can be seen in Figures 22 and 23.

[123] https://www.ditchthelabel.org/research-papers/the-annual-bullying-survey-2020/ (accessed October 2022)

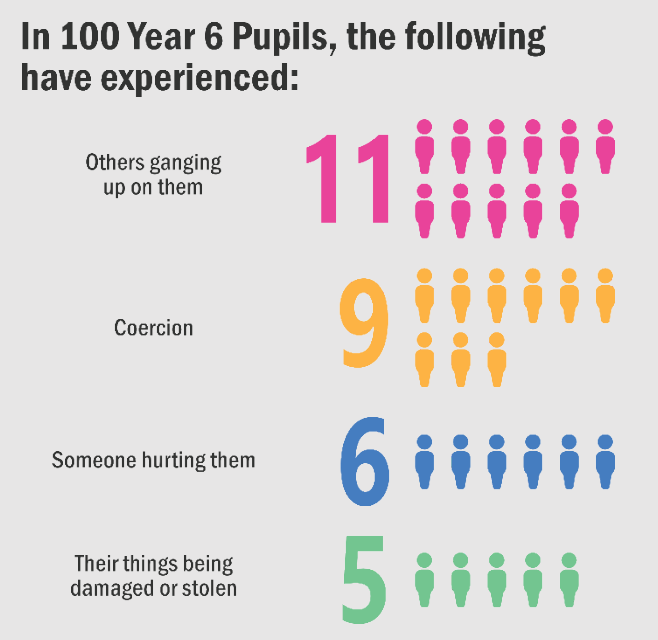
[124] https://www.ditchthelabel.org/research-papers/the-annual-bullying-survey-2020/ (accessed October 2022)

Figure 21: Bullying themed school survey questions: Year 9, 2021/22



Source: Warwickshire Health Needs Assessment, 2021/22

Figure 22: Year 6 Pupils experiencing bullying behaviour



Source: Warwickshire Health Needs Assessment 2021/22

SOCIAL MEDIA AND INTERNET USE

Social media and the internet can have both a positive and negative impact on children and young people's mental health. Research into this impact is lacking, partly due to the emergence of social media and internet use as we know it today being a relatively recent phenomenon, with data available highlighting correlation rather than causation. However, whilst more work is needed to accurately assess impact, risks associated with social media use can be identified, even if the extent of harm cannot yet be measured.

Positive Impacts

Social media and the internet can prove to be a useful tool for children and young people. The Organisation for Economic Co-operation and Development's (OECD) Programme for International Student Assessment (PISA) wellbeing study of 15-year-olds highlighted that 90.5% of boys and 92.3% of girls in the UK agree with the statement "it is very useful to have social media networks on the Internet".[125]

Friendships and Support – Social media is seen as a vital way to stay connected with friends and family, particularly helping to bridge the gap that can be created by attending different schools and long distances. YoungMinds and The Children's Society undertook engagement with 1,000 young people aged 11-25 and reported that social media helped "to foster and sustain relationships", with 62% of respondents agreeing that "social media had a positive impact on their relationships with their friends"[126]. Social media and online communication can allow some young people to be more open to talk about their thoughts and feelings more than they are able or ready to do in a face-to-face situation[127].

Creativity and Learning – There is a wealth of knowledge available on the internet which, when used properly, can be a great tool to assist learning and education. There is also the potential to use social media and the internet in a creative way, such as creating and sharing blogs, podcasts, and videos.

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[125] https://www.oecd-ilibrary.org/docserver/9789264273856-en.pdf?expires=1666186627&id=id&accname=guest&checksum=FAC01321ADC8A16BB9DDF866C2A36CAA (accessed October 2022)

[126] http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/science-and-technology-committee/impact-of-social-media-and-screenuse-on-young-peoples-health/written/81326.html (accessed October 2022)

[127] https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/822/822.pdf (accessed October 2022)

Health Advice – The Royal Society for Public Health (RSPH) submitted written evidence for the Impact of Social Media and Screen-Use on Young People's Health report that young people rate YouTube positively to access information and get awareness of health and wellbeing issues. It notes: "Health campaigns can gain credibility through community promotion on social media platforms, and the very personal nature of someone sharing their experiences, especially on platforms as interactive as YouTube, can provide others with practical strategies and coping mechanisms"[128].

Risk Factors

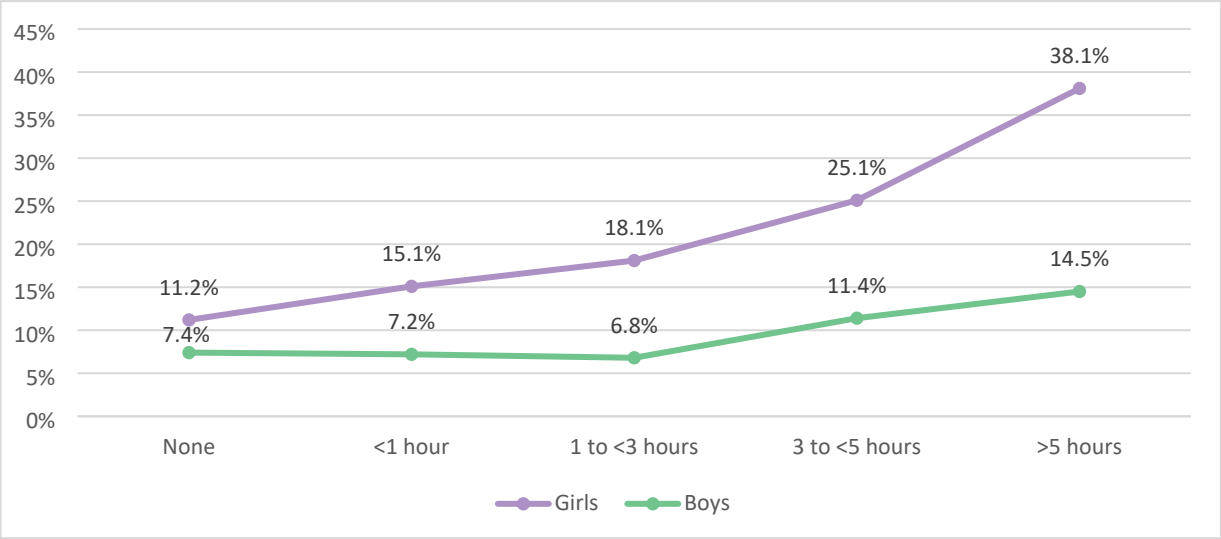
Risk factors can be identified which may affect a child or young person's ability to thrive.

Amount of time spent on social media – The Social Media Use and Adolescent Mental Health: Findings from the UK Millennium Cohort Study[129] found a link between the number of hours spent on social media per weekday and the percent of UK teens with depression, as shown in Figure 24. Rates are higher for girls than for boys, and moderate users are only slightly if no worse off than non-users but as the time increases the line rises quickly.

[128] https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/822/822.pdf (accessed October 2022)

[129] https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(18)30060-9/fulltext#secst0100 (accessed February 2023)

Figure 23: % of UK Teens Depressed as a Function of Hours per Weekday on Social Media



Source: The Lancet[130]

Cyberbullying – Bullying of any type can increase a child or young person's risk of developing depression and lowered self-esteem with long-lasting effects often carried through into adulthood. Victims of bullying (including cyberbullying) are at a greater risk of both self-harm and suicidal tendencies[131]. The Royal Society for Public Health's report revealed 7 in 10 young people have experienced cyberbullying, with 37% of young people saying they experience cyberbullying on a high-frequency basis[132]. The report also highlighted that young people are twice as likely to be bullied on Facebook than on any other social network.

Whilst social media and the internet may create a new platform on which bullying can take place, research suggests that cyberbullying may not create large numbers of new victims, but instead be used as a modern tool to supplement traditional forms. Research from the University of Warwick[133] showed that in a study of almost 3,000 11–16 year-olds from the UK, only 1% were victims of cyberbullying alone.

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[130] https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(18)30060-9/fulltext#secst0100 (accessed October 2022)

[131] https://www.jmir.org/2018/4/e129/ (accessed October 2022)

[132] Written evidence - The Royal Society for Public Health (parliament.uk) (accessed October 2022)

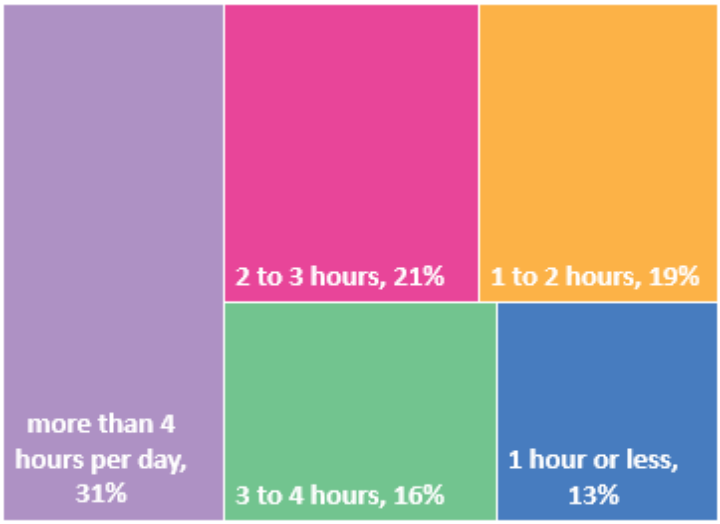
[133] https://warwick.ac.uk/newsandevents/pressreleases/cyberbullying_rarely_occurs/ (accessed February 2023)

Disrupted Sleep – The Sleep Foundation identifies that school aged children aged 5-13 need between 11 hours and 9 hours of sleep a night[134]. A lack of sleep increases the risk of depression and anxiety, as well as a child's ability to concentrate and thrive in school. A Royal Society for Public Health's survey of 16–24-year-olds reported that 1 in 5 respondents wake during the night to check messages on social media[135].

Body Image – Having a healthy body image is important for our mental health. Social media can allow for negative comparisons with others based on appearance which can make young people feel self-conscious about their body image. A Mental Health Foundation survey found that 40% of young people said that images on social media have caused them to worry about their body image. This response was more common in girls (54%) than boys (26%). The Wireless Report 2021 which draws on the experiences of 13,387 people aged 12-18 found that 28% of respondents responded negatively to the question "When you see picture of attractive people on social media, how does it make you feel?"[136]. This was further broken down into 16% saying it made them feel low about themselves, 6% saying it made them feel anxious, and 6% saying it made them feel depressed. A UK-wide survey by the Mental Health Foundation[137] of 1,118 teenagers (13-19 years old) in 2019 revealed that one in four girls and one in ten boys had edited photos of themselves in order to change their face or body shape because of concerns about their body image.

Grooming and online abuse – Children and young people using social media and the internet may not always realise who they are interacting or speaking with, or of that person's intentions. This can put children and young people at an increased risk of being groomed online or developing inappropriate relationships which may lead to stalking, harassment, threatening behaviour, sexual exploitation, engaging in sexual acts, or being made to view content of a sexual act. National Society for the Prevention of Cruelty to Children (NSPCC) research showed that more than 1 in 7 children aged 11-18 have been asked to send sexual images or messages of themselves[138].

Figure 24: Year 9 Social Media use in hours 2021/22



[134] https://www.sleepfoundation.org/children-and

[135] Written evidence - The Royal Society for Pub

[136] https://www.ditchthelabel.org/research-paper

[137] https://www.mentalhealth.org.uk/sites/default/
%20How%20we%20think%20and%20feel%20a

[138] https://learning.nspcc.org.uk/media/1067/hov

Figure 25 shows the responses in Warwickshire from Year 9's in the Health Needs Assessment Survey about how often they use social media each day. In 2021/22, almost 1 in 3 Year 9's spent 4 or more hours per day on social media.

Mentally Health Schools highlights that as children and young people spend an increasing proportion of their time online, education settings can have an important role to play in helping children and young people use social media and the internet in a safe, responsible, and positive way[139]. They suggest the following approaches:

Source: Warwickshire Health Needs Assessment, Year 9 2021/22

- Training school/college staff in online risks and safety issues, and on how to protect and support children and young people online. This can include how to notice when a young person feels emotionally unsafe online.
- Working with pupils to develop effective digital safety skills, policies, and procedures to help children and young people stay safe online both inside and outside of the education setting.
- Talking openly about cyberbullying to help children and young people understand what behaviour is not acceptable online, what the consequences are for violating these rules, and how they might report cyberbullying.
- Working with and informing parents and carers on how they can reduce their child's exposure to online risks.
- Encouraging peer support where pupils are trained and supervised to offer their peers advice on how to stay safe online.
- Encouraging pupils to track how much time they are spending online and to get a good night's sleep and switch off their phone before they go to bed.
- Encouraging pupils to reflect on their use of social media.
- Primary schools should focus on strengthening children's digital safety prior to transitioning to secondary school.

In 2018 the Warwickshire Director of Public Health Annual Report[140] focused on the impact of social media on young people's health and wellbeing. The report made the following recommendations:

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[139] https://mentallyhealthyschools.org.uk/risks-and-protective-factors/lifestyle-factors/internet-and-social-media/#:~:text=Children%20and%20young%20people%20may%20carry%20out%20or%20be%20exposed,as%20likely%20to%20self%2Dharm. (accessed October 2022)

[140] https://api.warwickshire.gov.uk/documents/WCCC-630-1716 (accessed March 2023)

- Social media can improve access to physical and emotional health and wellbeing information. Warwickshire County Council and local NHs partners need to recognise that social media is potentially the best method to engage, inform and signpost young people to information, support and services.
- Tackling the resilience of young people in a social media world is urgent. All partners need to demonstrate that we adequately resource and work in partnership to protect our young people from harm through social media.
- We need to take account of the influence that social media can have on promoting healthy lifestyle choices (including getting enough sleep, being physically active and having a balanced diet). Resources aimed at promoting healthy lifestyles and supporting young people should be adapted to reflect this.
- Social media can influence relationships in both a positive and negative way. We should ensure that Relationships and Sex Education, as part of the broader Personal Social and Health Education (PSHE) curriculum, includes information on how social media can impact on relationships and how to prevent inappropriate relationships with others online.
- Social media dependency may be detrimental to health and wellbeing. We should raise awareness to help young people, parents and carers recognise the signs and symptoms of this and provide information on where to seek support.

BODY IMAGE

Dissatisfaction with body image in children and young people has been linked with mental health problems and risk-taking behaviours, particularly to depressive symptoms, and anxiety disorders such as social anxiety or panic disorder[141]. Concerns over body image may also prevent children and young people from engaging in healthy behaviours, survey data from Be Real found that 36% of girls and 24% of boys report avoiding taking part in activities like physical education due to worries about their appearance[142].

The Be Real survey also found that the majority of young people in the UK often worry about the way they look:

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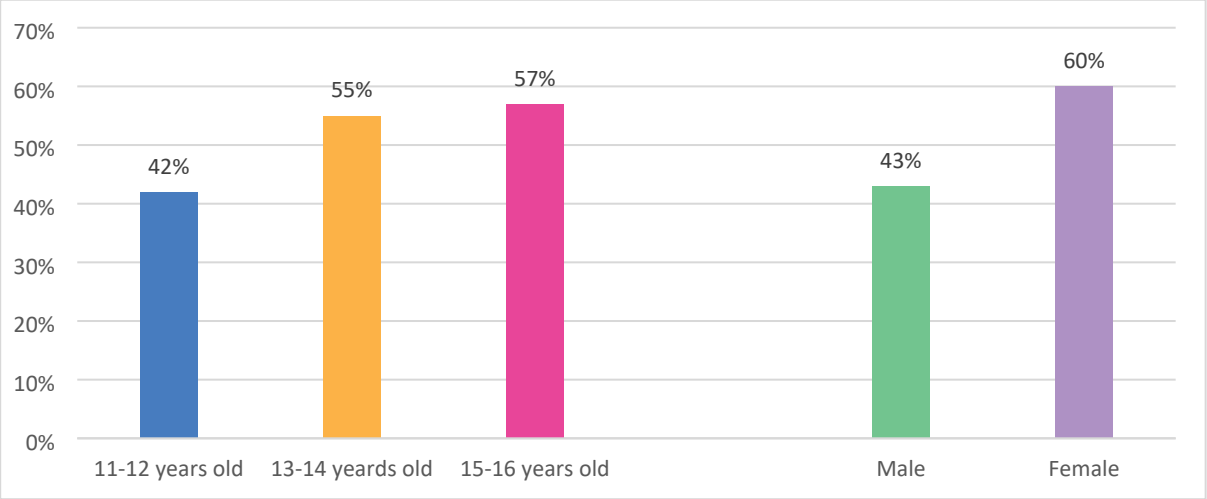
[141] https://www.mentalhealth.org.uk/explore-mental-health/articles/body-image-report-executive-summary/body-image-childhood#:~:text=Poor%20body%20image%20may%20also,taking%20part%20in%20activities%20like (accessed October 2022)

[142] https://www.berealcampaign.co.uk/research/somebody-like-me (accessed October 2022)

- 4 in 5 young people (79%) said how they look is important to them.
- Nearly two-thirds of young people (63%) said what others think about the way they look is important to them.
- More than half of young people (52%) said they often worry about the way they look.

Figure 25: To what extent do you agree with the following statement: I often worry about the way I look?



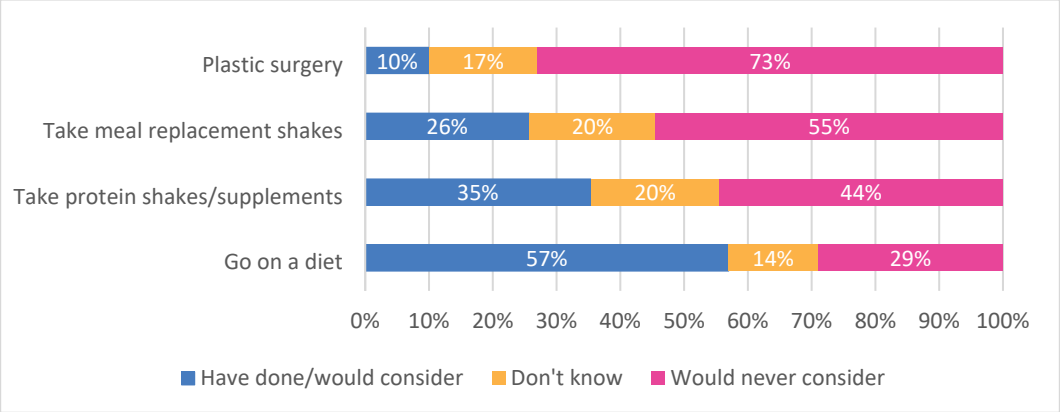
Source: Be Real Campaign[143]

The lengths to which children and young people are willing to go in order to change their appearance are highlighted in Figure 27, with 57% saying they have or would consider going

[143] https://www.berealcampaign.co.uk/wp-content/uploads/2018/02/Somebody_like_me-v1.0.pdf (accessed October 2022)

on a diet, 35% saying they have or would consider taking protein shakes/supplements, and 1 in 10 (10%) of those surveyed saying they have or would consider getting plastic surgery.

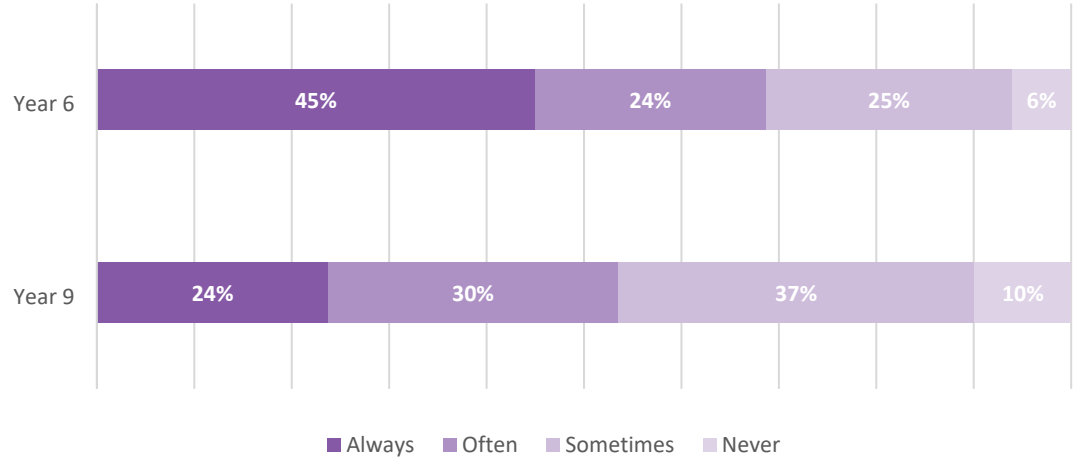
Figure 26: Which of the following have you done/would you consider if you wanted to change your looks?



Source: Be Real Campaign

Figure 28 shows the Year 6 and 9 Warwickshire responses to the question 'I like my body' from the Health Needs Assessment in 2021/22, with 1 in 10 Year 9's responding that they never like their body, and almost 50% of Year 9's saying they sometimes or never like their body.

Figure 27: Responses to the question 'I like my body'



Source: Warwickshire Health Needs Assessment 2021/22

IMPACT ON THOSE PROVIDING INFORMAL CARE

Childhood is regarded a protected period where caring responsibilities should be avoided. Nevertheless, 2011 Census reported 166,000 carers aged 5-17 in England[144]. With an ever-increasing ageing population, a longer period where people are living with ill health, reducing family sizes and increasing age of parenthood, these caring responsibilities are increasingly falling to younger demographics in an informal capacity[145]. Caring can encompass a wide range of responsibilities practical support, emotional support and physical or personal care[146]. Informal caregiving is defined as:

"*the provision of unpaid care for a friend or relative who requires additional support because of an illness, disability, or advanced age*."[147]

Young carers have been found to be twice as likely to report a mental health condition than young people generally[148]. They were also identified to report higher levels of anxiety and depressive symptoms. In a cross-sectional study of 10-14 years, these associations were strongest in young carers living with care recipients[149]. Another cross-sectional study identified young carers to have lower life satisfaction and self-esteem than their peers, whilst their parents rated them to experience more difficulties with peer relationships and emotional symptoms[150]. .

Young carers are likely to have significantly lower educational attainment than their peers which has been exacerbated by COVID-19 resulting in longer periods of missed schooling than ever before[151]. Although 38% of young carers report having a mental health problem, only half report receiving additional support from a staff member at school. Few (15%) had received a formal review or assessment of their needs, and only half felt that their family

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[144] https://carers.org/about-caring/about-young-carers (Accessed November 2022)

[145] https://eprints.lse.ac.uk/51955/1/Pickard_Growing%20care%20gap_2015.pdf (Accessed November 2022)

[146] https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00161-X/fulltext (Accessed November 2022)

[147] https://eprints.lse.ac.uk/51955/1/Pickard_Growing%20care%20gap_2015.pdf (Accessed November 2022)

[148] 2011 census (Accessed November 2022)

[149] https://link.springer.com/article/10.1007/s11414-011-9264-9 (Accessed November 2022)

[150] https://pubmed.ncbi.nlm.nih.gov/24308481/ (Accessed November 2022)

[151] https://carers.org/about-caring/about-young-carers (Accessed November 2022)

received good support and services, indicating a missed opportunity for valuable interventions to help improve overall wellbeing and achievement. Additionally, a quarter of young carers (26%) stated they were bullied at school because of their caring role[152]. Though there is some methodological concern regarding establishing whether the bullying is caused directly by the caring role. A small study by Cree et al. found that young people reporting worries about bullying for their caring role was found to decrease with age[153].

In the Warwickshire Health Needs Assessment Survey Year 6 and Year 9 pupils were asked if they perform any tasks at home because the adult they live with is unable to do so (Table 10). There were eight options, with multiple selections possible. In year 6, a total of 3,751 students answered this question, with 575 (15%) of them selecting one or more task. In year 9, a total of 1,237 students answered the question with 168 (14%) selecting one or more task. The majority of those who performed tasks selected only one (Yr 6: 65%, Yr. 9: 67%) and the number of respondents fell as the number of tasks increased. Those who selected three or more tasks, indicating a significant level of responsibility, made up 2.4% of the year 6 group and 1.4% of year 9 group.

Table 10: Responsibilities by % of total Mentioned

Do you do any of the following things at home because the adult you live with is unable to do them? (Multiple choice)	**Year 6 (%)**	**Year 9 (%)**
Cleaning and tidying at home	51%	20%
Food shopping, preparing meals, paying bills, or working to bring in money	7%	7%
Helping someone you live with to wash or go to the toilet	8%	5%
Interpreting or using sign language for someone you live with	4%	1%
Can't go out with friends because you are looking after someone at home	10%	Not asked
Keeping an eye on someone you live with to make sure they're alright keeping them company etc	Not asked	46%
Looking after younger brothers or sisters	15%	16%
Been absent from school or had to leave school early because of looking after someone	5%	4%
No of respondents with at least one responsibility:	575 (15% responses)	168 (14% responses)

[152] https://carers.org/downloads/resources-pdfs/young-adult-carers-at-school.pdf (Accessed November 2022)

[153] https://onlinelibrary.wiley.com/doi/abs/10.1046/j.1365-2206.2003.00292.x (Accessed November 2022)

Number of responsibilities mentioned:	927	250

Source: Warwickshire Health Needs Assessment 2021/22

MIGRANT COMMUNITIES

There is a large body of evidence identifying refugee and migrant children to be at high risk of developing mental health conditions, primarily internalising disorders such as post-traumatic stress disorder (PTSD), anxiety, and depression which is linked to exposure with premigration violence and migration stress[154]. Research has also highlighted high levels of somatic complaints such as headaches, stomach aches, and dizziness[155].

Parental PTSD has been shown to be a predictor of offspring psychiatric contact in a large population of children of refugees. This association was seen both in instances where the child themselves was a refugee as well as when they were born in new country of residence. Additionally, nervous disorders are more prevalent amongst children of parents with PTSD, highlighting the intergenerational impact[156], indicating that interventions targeted at a family level are essential.

Over the past year a substantial number of families and individuals have arrived via different migration schemes to live in Warwickshire (Table 11). These schemes are:

- **UK Resettlement Scheme** – This scheme began in 2016 as the Syrian Vulnerable Persons Resettlement Programme, but in 2019 became the UK Resettlement Scheme, open to refugees fleeing conflict worldwide. To quality, people need to have been recognised as a refugee by the United Nations High Commissioner for Refugees (UNHCR) and need to meet certain criteria demonstrating vulnerability.
- **Afghan Resettlement Schemes:**

[154] https://www.euro.who.int/__data/assets/pdf_file/0011/388361/tc-health-children-eng.pdf (Accessed November 2022)

[155] https://link.springer.com/article/10.1007/s00787-019-01340-6 (Accessed November 2022)

[156] https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30077-5/fulltext (Accessed November 2022)

- **Afghan Relocation and Assistance Policy (ARAP)** – The scheme is for those who have worked in roles which could have exposed their identities and placed them at risk of reprisals as a result of their work for the UK Government.
- **Afghan Citizens Resettlement Scheme (ACRS)** – This scheme is for those who have demonstrated that they assisted the UK efforts in Afghanistan and/or have stood up for democracy, women's rights, freedom of speech, and rule of law, vulnerable people, including women and girls at risk, and members of minority groups at risk.

- **Ukraine Schemes:**
  - **Homes for Ukraine Scheme** – This scheme is a community sponsored scheme with private householders claiming £350 per month to accommodate a Ukraine family in their property.
  - **Ukraine Family Scheme** – The Ukraine Family Scheme allows applicants to join family members or extend their stay with family in the UK.
- **Hong Kong BNO (British National Overseas) Scheme** – The Hong Kong BNO route allows BNO status holders and certain family members to live, work, and study in the UK. After 5 years, applicants will be able to apply for settlement, and after a further year, British citizenship.
- **Asylum Dispersal Scheme and Hotels** – Asylum seekers arrive independently in the UK and claim asylum under the terms of the 1951 UN Convention on Refugees. Whilst the Home Office is considering their claim they are housed and provided with food and a basic allowance. There are currently 3 asylum hotels in Warwickshire.

Table 11: Number of Children and Young People in Warwickshire on Migrant Schemes

Scheme	Number of Children and Young People
UK Resettlement Scheme and Afghan Resettlement Schemes	Between April 2021 – March 2022 there were **78** children aged 18 and under who had been resettled into the community, and **34** in hotel accommodation.
Homes for Ukraine	70 aged under 4

	133 aged 5-10 102 aged 11-15 71 aged 16-18 **376 Total**
Hong Kong BNO Scheme	School admissions data from February 2023 shows **234** Hong Kong BNO pupils in Warwickshire, **147** in primary and **87** in secondary.
Asylum Dispersal Scheme and Hotels	There are **132** children in asylum hotels in Warwickshire, and **106** under 18s looked after by Warwickshire County Council under Section 17 of the Children's Act 1989.

A Warwickshire Syrian Vulnerable Persons Resettlement Scheme (SVPRS) and UK Resettlement Scheme (UKRS) Mental Health Needs Assessment was carried out between March 2020 and November 2020 by Public Health, Coventry University and Warwickshire County Council, with the aim to understand the mental health needs of Syrian refugees resettled in Warwickshire and to identify the main issues and gaps for this population. It found that referrals to mental health services for this group in Warwickshire are low, with the key findings from the needs assessment showing that this low referral rate can be explained by:

- A lack of expertise and understanding amongst mainstream health and mental health providers about working with refugees and refugees therefore feeling that services do not always meet their needs.
- Inconsistent use of interpreters with some refugees being told that they cannot access services if they do not speak English.
- Cultural stigma attached to the concept of mental illness and a reluctance to discuss issues and seek help.
- Lack of understanding amongst refugees about mental health support available and what to expect.
- Lack of specialist mental health support for refugee children.

The Needs Assessment made the following recommendations:

1. Having a named single point of GP contact for the families in specific medical centres would be good practice.
2. The development of a Warwickshire Refugee Resettlement Health and Wellbeing subgroup is recommended. A health group was previously filled this space following this Needs Assessment, however it stopped meeting in December 2022 after losing its chair. This needs to be reinstated, with a new health lead established.
3. It is recommended that ICBs provide guidance to GPs and Mental Health providers in Warwickshire about the procedures in place for accessing interpreters. It is also recommended that GPs and Mental Health Practitioners receive training on working with interpreters. In addition to this recommendation, when children and young people's commissioned mental health services are commissioned/recommissioned the cost of interpreters needs to be factored in to ensure health equity.
4. It is recommended that Mental Health Commissioners consider the needs and experience of refugees in future planning of services to ensure that services are inclusive, particularly in relation to access.
5. It is recommended that specialist training is provided to Health and Mental Health providers (child and adult), schools, frontline workers in all relevant agencies and volunteers on mental health needs and experience of refugees and the support available. Progress has been made on this recommendation in the form of a one-year pilot which includes training for the groups mentioned above. There may still be scope to do something more specialist with mental health providers.
6. More opportunities need to be provided for refugees to come together in a safe and culturally appropriate way to share experiences of mental health to overcome the stigma attached and to encourage access to services. This could take the form of men's or women's groups where the primary focus is social support rather than a focus on mental health. This could also be provided through special interest groups such as cooking, gardening etc.
7. Refugees face anxiety over the loss of their previous identity and having to redefine themselves within their new culture. Opportunities need to be provided for the development of community led activities that enable individuals to share their culture and identity with their new community in a way that they wish to do so.
8. Respondents to the survey as part of this needs assessment overwhelmingly agreed that there is a need for refugees in Warwickshire to have consistent access to specialist mental health provision which provides support to victims of war, trauma, and torture, where practitioners have expertise in working with interpreters and an

understanding of the culture and experience of refugees from Syria and other countries. It is therefore recommended that the service provided by the Migrant Resilience and Wellbeing Service in Coventry is extended to include refugees in Warwickshire. This service has been extended as a pilot for a year but only to those on the UKRS and the Afghan resettlement schemes.

The Coventry and Warwickshire Partnership Trust (CWPT) Refugee Wellbeing Service have been offering training to service providers and volunteers in Warwickshire on working with children and adults who have been through trauma. The team is about to extend to Warwickshire to work with families on the UK Resettlement Scheme and Afghan Resettlement Schemes. They have recruited a CAMHS worker and are in the process of recruiting an adult worker.

LGBTQ+ AND GENDER IDENTITY

Whilst being a member of the LGBTQ+ community does not mean that someone will definitely have poor mental health, evidence shows that the LGBTQ+ community experiences poor mental health at a disproportionately high rate. Research by the Mental Health Foundation[157] showed that amongst LGBTQ+ people:

- 50% had experienced depression
- 3 in 5 had experienced anxiety
- 1 in 8 people aged 18-24 had attempted to end their life
- Almost 50% of trans people had thought about taking their life

Additionally, Youth Chances conducted a research project which found that 52% of LGBTQ+ people have reported self-harming, compared to 35% of heterosexual non-trans young people[158].

The 2021 Census included a voluntary question on sexual orientation which was asked to those aged 16 years and over. The question asked, “Which of the following best describes

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[157] https://www.mentalhealth.org.uk/explore-mental-health/mental-health-statistics/lgbtiq-people-statistics (accessed October 2022)

[158] https://metrocharity.org.uk/sites/default/files/2017-04/National%20Youth%20Chances%20Intergrated%20Report%202016.pdf (accessed October 2022)

your sexual orientation?" and gave four options: straight or heterosexual, gay or lesbian, bisexual or other sexual orientation. If selecting "Other sexual orientation" then they were asked to write in the sexual orientation with which they identified. Due to suppression of small numbers, data available at a local level only gives percentages responding as "Straight or Heterosexual" or a grouped category of "Lesbian, Gay, Bisexual, or Other (LGB+)". Within Warwickshire, 84.3% of 16–24 year-olds stated that they identify as "Straight or Heterosexual", 6.9% identifying as "Lesbian, Gay, Bisexual, or Other (LGB+)" and 8.9% of respondents did not answer the question. There was a difference in the numbers reporting between the sexes and between different areas (see Table 12). Females were more likely to identify as "Lesbian, Gay, Bisexual or Other" than males (9.4% compared with 4.5%). Rates were highest for both sexes in Warwick District (12.4% of females, 6.0% of males) and lowest in North Warwickshire Borough for females (3.8% of females) and Nuneaton and Bedworth Borough for males (3.6% of males).

Table 12: Responses to the voluntary sexual orientation question in the 2021 Census for 16–24 year olds in Warwickshire.

		Straight or heterosexual	Lesbian, Gay, Bisexual, or Other (LGB+)	Not answered
North Warwickshire Borough	Female	85.8%	7.6%	6.7%
	Male	90.6%	3.8%	5.5%
Nuneaton and Bedworth Borough	Female	85.5%	7.8%	6.7%
	Male	89.1%	3.6%	7.3%
Rugby Borough	Female	82.4%	8.5%	9.1%
	Male	87.2%	4.1%	8.7%
Stratford-on-Avon District	Female	83.1%	8.2%	8.8%
	Male	88.4%	3.8%	7.8%
Warwick District	Female	76.2%	12.4%	11.4%
	Male	82.8%	6.0%	11.2%
Warwickshire	Female	81.6%	9.4%	9.0%
	Male	86.8%	4.5%	8.7%

Source: Census 2021, ONS

Mentally Healthy Schools identifies a range of complex risk factors that affect LGBTQ+ children and young people that contribute to this disproportionately high level of mental health difficulties[159]:

- **Discrimination and bullying** – Research by Stonewall[160] has found that nearly 50% of LGBTQ+ children and young people are subject to bullying at school.
- **Hate crime** – Children and young people who identify as LGBTQ+ are more likely to experience hate crimes or acts of violence compared to heterosexual people.
- **Isolation within the community** – Children and young people who identify as LGBTQ+ may feel isolated and outside of friendship groups at schools and at external clubs or activities. They can struggle finding friendships where they feel accepted and comfortable.
- **Coming out** – Coming out can be a highly stressful and challenging time, as well as a liberating process.
- **Discrimination in healthcare** – Experiencing discrimination when accessing healthcare and support may affect the ability to access services and the same level of support as the rest of the population.
- **Family problems** – Some children and young people who identify as LGBTQ+ may be rejected by their family and support network. This can be due to conflicting cultural or religious beliefs and values. This can even lead to homelessness, with Youth Chances identifying that nearly 1 in 10 LGBTQ+ young people have had to leave their home for reasons relating to their sexuality or gender.

DOMESTIC ABUSE

1 in 7 children and young people under the age of 18 will have lived with domestic violence at some point in their childhood[161]. Children and young people can experience both short and

[159] https://mentallyhealthyschools.org.uk/risks-and-protective-factors/vulnerable-children/lgbtqiplus-children-and-young-people/ (accessed October 2022)

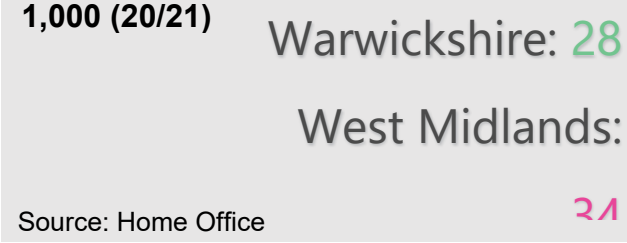
[160] https://www.stonewall.org.uk/ (accessed October 2022)

[161] https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/impact-on-children-and-young-people/ (accessed November 2022)

long term behavioural and emotional effects because of witnessing domestic abuse. Some of these effects include:

- Becoming anxious or depressed
- Having difficulty sleeping
- Having nightmares or flashbacks
- Being easily startled
- Complaining of physical symptoms such as tummy aches and may start to wet the bed
- Having temper tantrums and problems with school
- Behaving as though they are much younger than they are
- Becoming aggressive or internalising their distress and withdrawing from other people
- Lowered sense of self-worth
- Older children may begin to play truant, start to use alcohol or drugs, begin to self-harm by taking overdoses or cutting themselves or have an eating disorder

Figure 28: Domestic abuse related crimes and incidents: crude rate per 1,000 (20/21)



Source: Home Office

Figure 29 shows that in Warwickshire in 2020/21, the rate of domestic abuse related crimes and incidents per 1,000 of the population was 28, which is slightly lower than the England (30) and West Midlands (34) rates.

LOSS AND BEREAVEMENT

Bereavement is the aftermath of a loss when emotions are particularly raw. Whilst bereavement is most associated with the loss of someone close, it can also occur after other deep significant losses such as:

- The breakup of a close relationship
- Miscarriage
- The loss of a job
- A decline in the physical or mental health of someone we care about or oneself
- The loss of a treasured pet
- Moving away to a new location

Data is not collected on the number of children affected by the death of a parent. In the absence of such data, Childhood Bereavement Network have estimated from annual (average 2019-2021) mortality statistics of adults aged 20-64 (i.e. likely age of parents with dependent children), combined with proportions of adults in each band living with dependent children from ONS, that in the UK[162]:

- 1 parent dies every 20 minutes.
- There are 127 newly bereaved children every day.
- 26,900 parents die each year, leaving dependent children.
- 46,300 dependent children aged 0-17 are bereaved annually.
- By the age of 16, 4.7%, or around 1 in 20 young people, will have experienced the death of one or both of their parents.

Bereavement can affect children in different ways, with much of their understanding depending on circumstances such as their age and stage of development. Marie Curie[163] highlights how infants, children, and young people may react at different stages of their life:

Under 6 months

Babies may not have any understanding of death but will notice if a main caregiver is absent. They may exhibit behaviour such as:

- Feeding and sleeping difficulties
- Crying
- Being worried

6 months to 2 years

Toddlers may not have any understanding of death either but will be very upset if a main caregiver is absent. Around the age of 2 children will start to notice the absence of other familiar people such as grandparents. They may exhibit behaviour such as:

- Loud crying, being inconsolable
- Anger about changes to their daily routine

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[162] https://childhoodbereavementnetwork.org.uk/about-1/what-we-do/research-evidence/key-statistics (accessed March 2023)

[163] https://www.mariecurie.org.uk/help/support/bereaved-family-friends/supporting-grieving-child/grief-affect-child (accessed November 2022)

- Sleep problems and tummy aches
- Looking for the person and asking where they are

2 to 5 years

At this age children may talk about death but do not understand it and think that it's reversible. They may ask questions such as 'If grandma is in the ground, how does she breathe?'. They may exhibit behaviour such as:

- Asking the same questions repeatedly
- Needing reassurance that you're not going to die too, and death is not their fault
- Clingy behaviour and behaving inappropriately for their age

5 to 10 years

Most pre-teen children understand that death is permanent and inevitable. They may have a fascination around death and what happens when someone dies and may worry about the effect on you if they are sad or worry that you or others may die too. They may exhibit behaviour such as:

- Withdrawal, sadness, loneliness
- Getting angry more often
- Difficulty concentrating at school
- Regressive behaviour
- Trying to be brave
- Trying to control things

Teenagers

Most teenagers have a better understanding of death and the long-term implications. This can lead to worrying about finances or the future. They may exhibit behaviour such as:

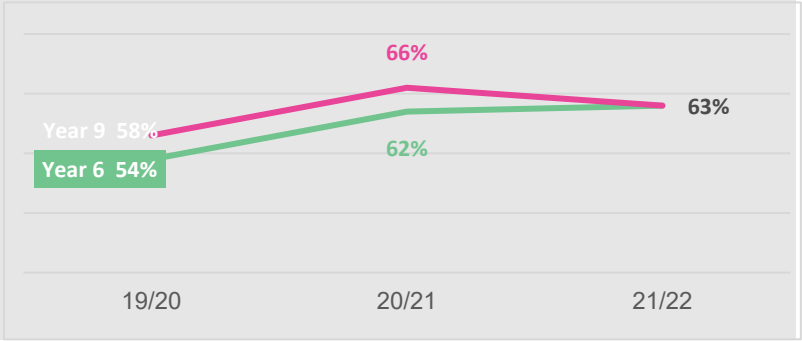
- Finding it difficult to talk about their feelings or wanting to talk to friends rather than adults.
- Feeling sadness, anger, or guilt. Their emotions may be quite intense.
- Feeling worse about themselves.
- Wishing it had not happened, or wondering why it had to happen to them.
- Changes in how well they do at school or work.
- Worrying they might develop the illness which the person died of (especially if they were related).

Bereavement in childhood has been shown to link to several negative factors during childhood[164]:

- Lower academic attainment
- Lower aspirations for continued learning
- Increase in physical health complaints
- Increase in risk taking behaviours
- Higher levels of anxiety and depression (into adulthood)
- Increased risk of school exclusions
- Increase in youth offending

Grief is known as a source of agitation for existing mental health challenges, with a well-established link between the loss of a parent or parental figure and thoughts of suicidal ideation or self-harm[165]. In recent years, the compound nature of grief and its effects on the child population's mental health has been at the forefront of child mental health concerns[166]. The need to provide rigorous and swift support being highlighted as a requirement to meet with the emerging mental health needs COVID-19 induced. Additionally, the link between mental health needs and physical health decline in inextricably linked. Thus, to mitigate the risks to children's physical health, one cannot consider the subject in a vacuum without mental health.

Figure 29: Year 6 and 9 pupils asked whether they had experienced a sudden loss:



Source: Warwickshire Health Needs Assessment

The Warwickshire Health Needs Assessment Survey asked Year 6 and Year 9 pupils whether they had experienced a sudden loss. Figure 30 shows the responses over the last 3 years, with a peak of 2 in 3 Year 9 pupils experiencing a sudden loss in 2020/21.

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[164] https://www.educare.co.uk/news/how-can-bereavement-affect-a-child (accessed November 2022)

[165] https://doi.org/10.1016/S2352-4642(20)30184-X (accessed December 2022)

[166] https://www.frontiersin.org/articles/10.3389/fpsyt.2021.638866/full (accessed December 2022)

TRANSITION PERIODS

Transitions are inherently periods of change; and with change comes uncertainty. For children and young people there is so much that is changing all at once; there are physical and emotional changes, none perhaps more so than during puberty, but also changes in roles, expectations, and relationships to name but a few. To what extent these transitions trigger difficulties with mental health versus how pre-existing difficulties might hinder successful transition - both with ongoing knock-on effects - is difficult to disentangle.

This section considers the role that certain distinct transition periods in every child's life might have on their mental wellbeing: transition into primary school, then into secondary school, and perhaps most dramatically the transition from young person to adult.

'We make many transitions in our lives, but perhaps the one with the most far-reaching consequences is the transition into adulthood.'[167]

The transition into primary school may be the first major transition point for a child and their family. Children who are more likely to struggle with transitions include those with additional learning needs, mental health problems, behavioural problems, limited parental support, experience of transient living e.g. living in care, or experience of being bullied. There are some signs that children may be struggling with a transition, which includes difficulty making friends, difficulties coping with daily routines, challenging or disruptive behaviour, and lower than expected progress or disinterest in school to name a few[168]. Locally, there are a wide array of resources available from the council website to support the transition from nursery to reception, including for pupil-specific needs and general resources for children and parents[169]. Generally, it is recognised that parents, carers, and teachers play the biggest role in shaping the success of transition to primary school, with focuses on encouraging independence, practical skills, and discussing and identifying emotions.

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[167] Heslop et al, 2002

[168] https://mentallyhealthyschools.org.uk/risks-and-protective-factors/school-based-risk-factors/transitions/. Accessed February 2023.

[169] https://www.warwickshire.gov.uk/education-learning/transition-support-package-%E2%80%93-nursery-reception-2020/1 Accessed February 2023.

The transition into secondary school can be an exciting time for many children, but for others it can cause distress and anxiety. A study performed in Wales in 2021 by Moore et al examined the feelings towards the transition and how it varied with socio-economic status. A third of their cohort reported feeling quite or very worried about the transition to secondary school. Both concerns and excitement were based around support networks – either the worry about losing them, or bullying, or looking forward to forming new friendships and joining friends. Children from poorer backgrounds and reporting more emotional difficulties were significantly more likely to report worries about transition, and less likely to look forward to transition[170].

Mentally Healthy Schools suggest different ways schools themselves can help support children to transition to secondary school. This involves engagement with parents and carers to help monitor wellbeing and academic achievements, as well as support networks. They also suggest identifying children that may need additional support, as above, to develop strategies to help support them. Connections between education settings also enable social events between the two, including events such as question and answer sessions. Other suggestions include a peer support system. Finally, health and wellbeing lessons to help develop children's social and emotional skills from an early age can be used, with the aim to build resilience for future or ongoing transitions[171]. There are a wealth of resources available nationally to support with this transition to secondary school[172].

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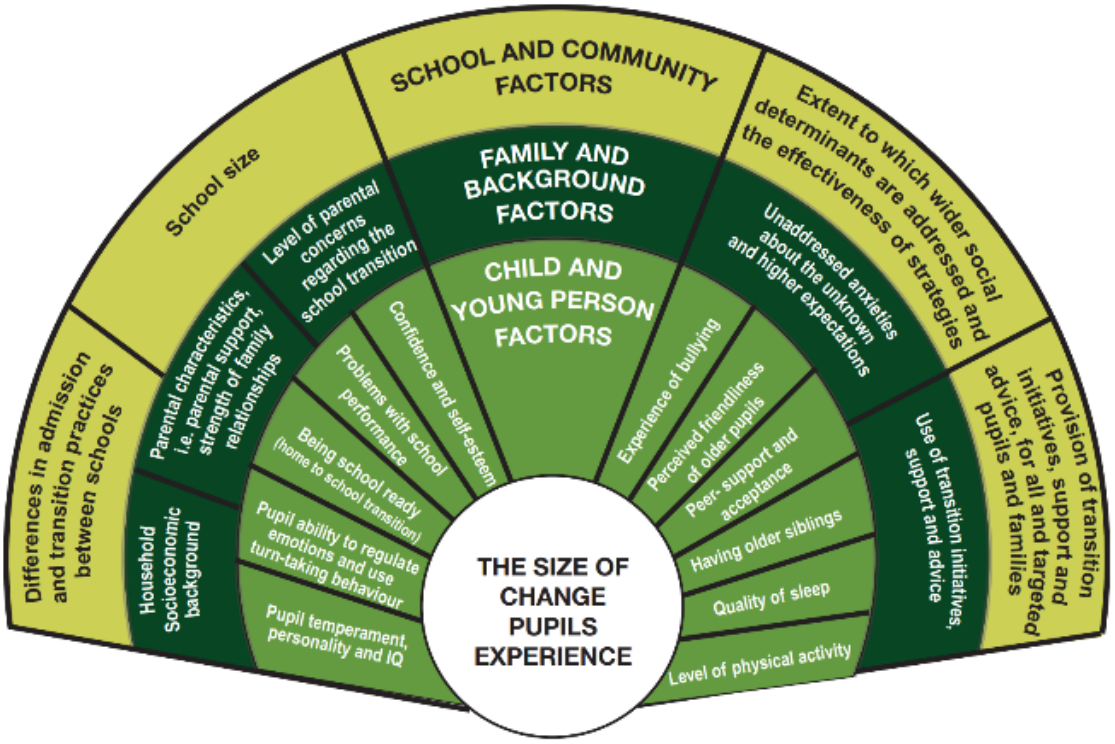
[170] Moore G, Angel L, Brown R, van Godwin J, Hallingberg B, Rice F. Socio-Economic Status, Mental Health Difficulties and Feelings about Transition to Secondary School among 10-11 Year Olds in Wales: Multi-Level Analysis of a Cross Sectional Survey. Child Indic Res. 2021;14(4):1597-1615. doi: 10.1007/s12187-021-09815-2. Epub 2021 Mar 24. PMID: 34721729; PMCID: PMC8550448.

[171] https://mentallyhealthyschools.org.uk/risks-and-protective-factors/school-based-risk-factors/transitions/. (accessed February 2023)

[172] https://www.youngminds.org.uk/professional/resources/supporting-school-transitions/. (accessed February 2023)

Figure 30: The factors affecting the success of school transitions



Source: Institute of Health Equity[173]

The biggest influence on pupils' experience of transition is the size of the change, with all of these factors (Figure 31) having a role in that. Household socioeconomic status, disability, gender, and support networks all affect the variability in transition experience for students. While these can have a negative impact, they can also exert protective and positive influence,

[173] https://www.instituteofhealthequity.org/resources-reports/improving-school-transitions-for-health-equity/improving-school-transitions-for-health-equity.pdf (accessed February 2023)

such that they can reverse disadvantage faced by some students. However, those who are vulnerable and who continue to experience disadvantage and a negative experience of transition are then more likely to experience increased stress, feeling of loneliness, lower academic achievement, conduct problems along with reduced confidence and self-esteem. These are then in turn risk factors for negative health outcomes such as poor mental health, increased risk of suicide and self-harm, risky healthy behaviours, and through the wider determinants of health, risk of non-communicable disease and premature mortality. In short, poor school transitions can exacerbate health inequalities[174].

Possibly the most challenging of the identified transition periods is that between adolescence and adulthood, as previously alluded to. Although each presents its challenges, up until the age of 16 or so, children and young people are part of a defined system that provides structure and has the means to monitor problems. Some children and young people who are in services for long term health conditions, including physical and mental health difficulties, are supported in the transition to adult services from the age of 14 onwards, with the transition being between 16-18 for most services. This can be a difficult time, despite the structure and many frameworks, for NHS services to best support these people and their families.

There is a duty on local authorities to carry out transition assessments on children and young carers before they turn 18 if they are likely to have needs after they turn 18 and that there is an offer of support that will be of significant benefit. There is also an obligation to continue care from children's services until there is a suitable plan in adult's services – such that care does not stop abruptly[175]. Most services advocate early discussion around preparing for adulthood, by no later than year 9 - or the age of 13 or 14. This would involve care plans and encouraging the child or young person to think about their goals for the future, what independence looks like for them, and to continuously review these over the next years.

Some young people with an Education, Health and Care (EHC) plan have access to continued support through education or training up until the age of 25, meaning that this transition period is over a much more prolonged time when compared with our two previously

[174] https://www.instituteofhealthequity.org/resources-reports/improving-school-transitions-for-health-equity/improving-school-transitions-for-health-equity.pdf. Accessed February 2023.

[175] https://coventrychildcare.proceduresonline.com/files/pre_adulthood_supp_ch_transit.pdf. Accessed February 2023.

discussed transitions[176]. The National Institute for Health and Care Excellence (NICE) have produced extensive guidelines on the transition from children's to adult's services for young people using health and social care services[177]. In terms of transitioning into work from school, young people can get support and advice from a local JobCentre Plus office, particularly those through a disability employment advisor. Supported and sheltered housing is available for those who are vulnerable or with a disability who are wishing to move away from home[178]. Mental health problems are increasing in prevalence with each year, and without early intervention or support there are repercussions in terms of interpersonal, social, educational, and occupational functioning. Targeted interventions, including some school-based interventions have shown promise, and again suggest the need to maintain a careful overview of a young person's transition to adulthood[179].

WIDER DETERMINANTS

Common mental health disorders and severe mental illness both have a pronounced gradient against deprivation and inequalities. The first briefing from the Commission for Equality in Mental Health[180] reported that children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20%.

The Indices of Multiple Deprivation (IMD) are a measure of relative deprivation at Lower-layer Super Output Areas (LSOA) geography across England. IMD uses a set of relative measures for deprivation which are based on seven different domains:

- Income Deprivation

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[176] https://www.mencap.org.uk/advice-and-support/children-and-young-people/transition-adult-services Accessed February 2023.

[177] https://www.nice.org.uk/guidance/ng43/evidence/full-guideline-pdf-2360240173. (accessed February 2023)

[178] https://www.nhs.uk/conditions/social-care-and-support-guide/caring-for-children-and-young-people/moving-from-childrens-social-care-to-adults-social-care/. (accessed February 2023)

[179] Thapar A, Eyre O, Patel V, Brent D. Depression in young people. Lancet. 2022 Aug 20;400(10352):617-631. doi: 10.1016/S0140-6736(22)01012-1. Epub 2022 Aug 5. PMID: 35940184.

[180] https://www.centreformentalhealth.org.uk/sites/default/files/2020-01/Commission%20Briefing%201%20-%20Final.pdf (accessed October 2022)

- Employment Deprivation
- Education, Skills, and Training Deprivation
- Health Deprivation and Disability
- Crime
- Barriers to Housing and Services
- Living Environment Deprivation

Each of these domains has a direct impact on mental health, so to explain how deprivation and inequalities have this pronounced gradient this JSNA will consider each of the 7 domains of deprivation independently.

DOMAIN OF DEPRIVATION: INCOME

Children and young people who grow up in low-income households experience many disadvantages that can have a negative impact on mental health. Some of these factors include:

- Limited money for everyday resources – including good quality housing
- Stress of living in a low-income household
- Unhealthy lifestyles
- Poorer education, educational attainment and employment outcomes

Additionally, children's experience of income deprivation can lead to bullying, or feelings of exclusion, as they may have fewer friends and less access to the social activities that other children take part in.

	% LSOAs in 20% Most Deprived	Affected Population Aged 0-24
Nuneaton &	19%	
North	5%	
Rugby	3%	
Warwick	1%	409
Stratford-on-Avon	0%	

Figure 32: Warwickshire LSOAs in 20% most deprived for income domain

Source: IMD 2019 Income Domain, 2021 Census

The Millennium Cohort Study in 2012[181] found that children in the lowest income quintile were 4.5 times more likely to experience a severe mental health problem compared to those in the highest. The evidence in the study suggests this inequality had worsened over the previous decade.

The IMD Income deprivation domain measures the proportion of the population experiencing deprivation relating to low income which is defined as both those out-of-work, and those in work but who have low earnings. In Warwickshire, there are 20 LSOAs that are in the 20% most deprived nationally in the income domain, accounting for 11,232 children and young people aged 0-24. These areas are primarily in Nuneaton and Bedworth (15) where 23% (8,645) of the 0-24 population are in the lowest income deciles (Figure 32).

DOMAIN OF DEPRIVATION: EMPLOYMENT

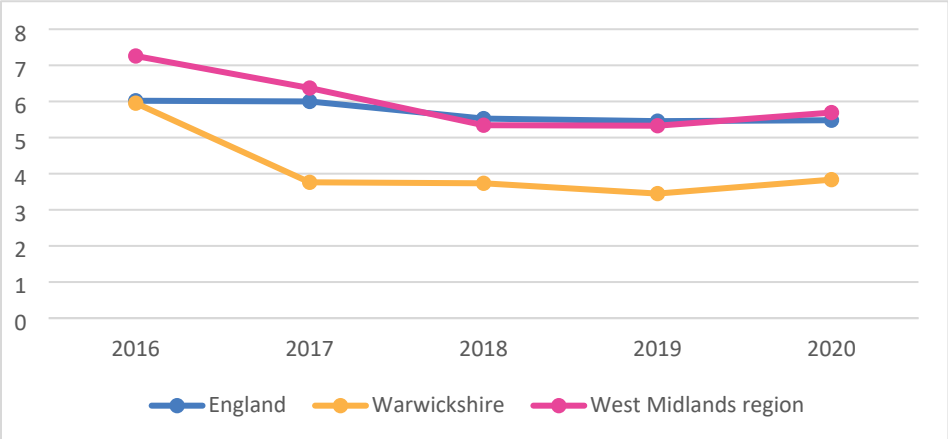
Employment deprivation measures the working-age population in an area involuntarily excluded from the labour market. This includes people who would like to work but are unable to do so due to unemployment, sickness or disability, and caring responsibilities.

Although the unemployment rate is at the lowest level of youth unemployment since records began in 1992, it still highlights a significant area of improvement. Additionally, youth unemployment initially rose after the covid outbreak reaching a high of 14.9% in July-September 2020 with subsequent impacts to mental health[182]. In times of poor employment market, young people, those with lower qualifications, and minority ethnic groups are disproportionately affected.

Figure 31: % 16-17 not in education, employment or training (NEET) or whose activity is not known

[181] https://cls.ucl.ac.uk/cls-studies/millennium-cohort-study/ (accessed November 2022)

[182] https://commonslibrary.parliament.uk/research-briefings/sn05871/ (accessed November 2022)



Source: Fingertips

Figure 33 shows the percentage of 16-17 year-olds who classify as not in education, employment or training (NEET) or whose activity is not known. The Warwickshire rate is lower than both the England and West Midlands average and has remained consistent since 2017.

Nationally, disadvantaged young people are twice as likely to be NEET as their better-off peers - (26% compared to 13%)[183].

The relationship between mental health and unemployment is bidirectional, with good mental health being a key determinant of the success in the job market. Unemployment has negative impacts on both long term physiological and mental health leading to stress, anxiety, depression, and low self-esteem.

There are several mechanisms by which unemployment results in a decline in mental health. Firstly, through the stress and reduced self-esteem connected with unemployment and the loss of day-to-day structure. Secondly, due to financial stress and insecurity impacting their way of life. And finally, as a result of the social security system which can take a toll on the individual's mental health through claims process and job search conditions[184].

Periods of unemployment have been evidenced to have long term scarring effects on both future earning potentials and mental health. The long-term impact of early unemployment has

[183] https://www.princes-trust.org.uk/about-the-trust/news-views/youth-index-2020 (accessed November 2022)

[184] https://www.health.org.uk/publications/long-reads/unemployment-and-mental-health#:~:text=Unemployment%20causes%20stress%2C%20which%20ultimately,anxiety%20and%20lower%20self%2Desteem. (accessed November 2022)

Figure 32: Whether young people agreed they felt isolated from either people they worked with or others, by employment status.

Source: Mental Health of Children and Young People in England 2022 – wave 3 follow up to the 2017 survey.

In employment and in education:	In employment and not in education:	Not in employment or education:

been shown reduce earning potentials by 13-21% at age 42, though this figure is lower at 9-11% if repeat exposure to unemployment is avoided[185].

Though some research has proposed unemployment to have greater impact on mental health at times of lower unemployment levels[186], it is possible the social and psychological processes mediating this impact may vary between middle aged and younger populations as research has identified even in periods of low stable unemployment levels, youth unemployment was associated with increased risk of mental health diagnosis at follow up. Furthermore, youth unemployment was more strongly associated with alcohol and drug use disorders, both of which are risk factors for mental health[187].

The Mental Health of Children and Young People in England 2022 NHS survey[188] found that people not in education or employment were more likely than other young people to agree (strongly agree or agree) that they felt isolated from others, as shown in Figure 34. 40.5% of those not in employment or education agreed with this statement compared with 15.5% of those in employment but not in education, and 8.8% of those in employment and education.

Figure 33: Number and percentage of Warwickshire LSOAs in 20% most deprived for employment domain

[185] https://www.sciencedirect.com/science/article/abs/pii/S0927537105000345 (accessed November 2022)

[186] https://pubmed.ncbi.nlm.nih.gov/8843808/ (accessed November 2022)

[187] https://jech.bmj.com/content/71/4/344#ref-17 (accessed November 2022)

[188] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey (accessed January 2023)

Warwickshire is ranked 121 out of 151 upper tier local authorities in England for the IMD employment domain, meaning it is comparatively less deprived. There are 23 (7%) Warwickshire LSOAs in the top 20% most deprived nationally with a combined population aged 0-24 of 12,204.

DOMAIN OF DEPRIVATION: EDUCATION, SKILLS, AND TRAINING

Education, skills, and training deprivation measures the lack of attainment and skills in the local population. The indicators fall into two sub-domains, one relating to children and young people and one relating to adult skills. The children and young people sub-domain measures the attainment of qualifications and associated measures.

	% LSOAs in 20% Most Deprived	Affected Population Aged 0-24
Nuneaton &	20%	8,843
North	8%	
Rugby	3%	
Warwick	1%	409
Stratford-on-Avon	1%	334

Source: IMD 2019 Employment Domain, 2021 Census

Educational achievement and mental health are bidirectional. Children and young people who suffer from a mental health issue find it more difficult to achieve high grades, form friendships, and make positive choices that can impact the rest of their lives. Mental health challenges such as difficulty concentrating, lack of optimism, and difficulty sleeping can contribute to this difficulty.

Additionally, there is a relationship between high levels of academic achievement and lower levels of mental stress later in life[189].

The Department for Education's research paper 'The Impact of Pupil Behaviour and Wellbeing on Educational Outcomes'[190] examines how various dimensions of children's wellbeing are associated with their educational outcomes. The paper highlighted several key findings:

- Children with higher levels of emotional, behavioural, social, and school wellbeing, on average, have higher levels of academic achievement and are more engaged in school, both concurrently and in later years.
- Children with better emotional wellbeing make more progress in primary school and are more engaged in secondary school.
- Children with better attention skills experience greater progress across the four key stages of schooling in England. Those who are engaged in less troublesome behaviour also make more progress and are more engaged in secondary school.
- Children who are bullied are less engaged in primary school, whereas those with positive friendships are more engaged in secondary school.
- As children move through the school system, emotional and behavioural wellbeing become more important in explaining school engagement, while demographic and other characteristics become less important.
- Relationships between emotional, behavioural, social, and school wellbeing and later educational outcomes are generally similar for children and adolescents, regardless of their gender and parents' educational level.

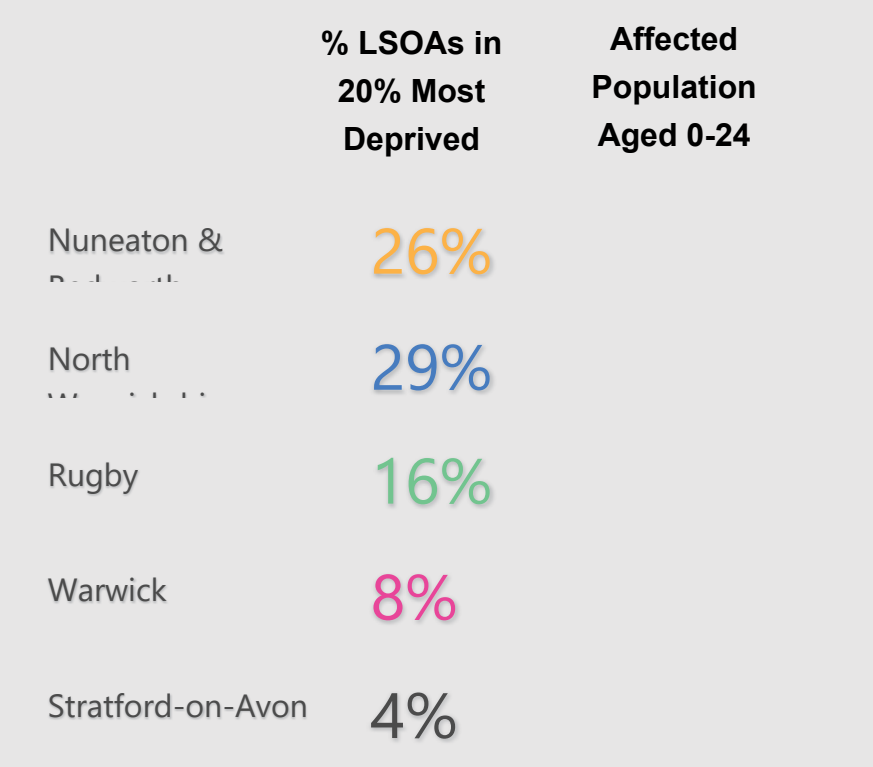
Figure 34: Number and percentage of Warwickshire LSOAs in 20% most deprived for education, skills and training domain

[189] https://warwick.ac.uk/fac/soc/economics/staff/ajoswald/reveducationgardneroswaldjune2002.pdf (accessed November 2022)

[190] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/219638/DFE-RR253.pdf (accessed November 2022)

Warwickshire is ranked 112 out of 151 upper tier local authorities in England for the IMD overall education, skills and training domain, meaning it is comparatively less deprived.

For the Children and Young People sub-domain, there are 52 (15%) Warwickshire LSOAs in the top 20% most deprived nationally with a combined population aged 0-24 of 27,306. These areas are concentrated in Nuneaton and Bedworth (21), North Warwickshire (11) and Rugby (10); the remaining deprived LSOAs are split between Warwick (7) and Stratford-on-Avon (3).



Source: IMD 2019 Education CYP Sub-Domain, 2021 Census

DOMAIN OF DEPRIVATION: HEALTH DEPRIVATION AND DISABILITY

The health deprivation and disability domain measures the risk of premature death and the impairment of quality of life through poor physical or mental health. The domain measures morbidity, disability, and premature mortality, but not aspects of behaviour or environment that may be predictive of future health deprivation.

Physical health problems significantly increase the risk of poor mental health, with around 30% of people with a long-term physical health condition also having a mental health problem, most commonly depression or anxiety[191]. Mental health problems may also lead to

[191] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60240-2/fulltext (accessed November 2022)

exacerbations in physical illness, with the effect of poor mental health on physical illnesses being estimated to cost the NHS at least £8 billion each year[192].

Learning disability

According to the Department of Health, learning disability is defined as a significantly reduced ability to understand new or complex information, to learn new skills and a 'reduced ability to cope independently which starts before adulthood with lasting effects on development'. This can be categorised into mild, moderate, or severe[193].

Children and young people with learning disabilities are four times more likely to develop mental health problems according to a report by Children and Young People's Mental Health Coalition (CYPMHC)[194]. This number indicates that more than 14% (one in seven) of all children and young people with mental health difficulties in the UK will also have a learning disability. Data from the same report identified just over a quarter (27.9%) of young people with both a learning disability and a mental health problem have had contact with mental health services which results in a delay or poorer identification of their needs. Once referred, 23% of families had to wait more than 6 months for an appointment with mental health services.

The report identified it is the wider risk factors that young people contend with, such as poverty, bullying, and loneliness rather than their learning difficulties which lead to poor mental health. These predisposing factors for mental health problems in children with learning disability also include:

- Poor communication
- Sensory disability
- Epilepsy
- Physical illness
- Limited range of coping strategies

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[192] https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf (accessed November 2022)

[193] https://www.datadictionary.nhs.uk/nhs_business_definitions/learning_disability.html (accessed November 2022)

[194] https://cypmhc.org.uk/publications/overshadowed/ (accessed November 2022)

- Medication
- Abuse
- Behavioural phenotype

Depression can be harder to detect in children with learning disabilities as they are less likely to express emotions such as hopelessness and low mood and behavioural changes may reflect changes in existing behaviours such as rocking. The present guidelines suggest a preference for cognitive behavioural therapy (CBT) over medications however they highlight children with learning disabilities are not considered separately or specifically in creating these guidelines[195].

Physical disabilities

The Equality Act 2010 states physical disability is defined as a “limitation on a person's physical functioning, mobility, dexterity or stamina” that has a 'substantial' and 'long-term' negative effect on an individual’s ability to do normal daily activities. However, impact on these physical disabilities on the individual’s life varies massively, even amongst those with the same diagnosis.

Causes of physical disabilities:

• physical, metabolic or neurological causes, e.g. Cerebral palsy or achondroplasia
• degenerative conditions, e.g. Duchenne muscular dystrophy
• severe trauma, e.g. as a result of an accident, amputation or serious illness
• chromosomal disorder, e.g. Turner syndrome, TUBB4A or Ehlers-Danlos syndrome
• acquired brain injury (ABI)
• muscular skeletal conditions
• birth trauma and prematurity
• upper limb differences affecting hand function and fine motor movement
• lower limb differences affecting mobility
• complex medical needs which impact on physical function
• persistent symptoms affecting mobility and physical function, although there is no diagnosis

[195] https://www.cambridge.org/core/journals/advances-in-psychiatric-treatment/article/mental-health-of-children-with-learning-disabilities/FC845C04F5EBA0D1FAA174E0544C2BAC (accessed November 2022)

Chronic physical illness

Children with chronic physical health conditions are at greater risk of developing emotional and behavioural problems compared to their physically healthy counterparts[196]. This is likely due to a combination of psychological, social, and biological factors, including increasing uncertainty, poor relationships, influence of child illness on parenting styles as well side effects from medication[197]. Crucially, children with psychological needs may present with poorer compliance and self-management of their physical health condition which impacts their quality of life in the long term with subsequent negative effect on their mental wellbeing[198].

Parental impact

Parents of children with physical health difficulties show increased rates of depression and anxiety[199] as a result of the significant pressures of managing work and family life alongside their own anxieties over their child's wellbeing and future[200]. This data is particularly important given the bidirectional relationship between parental mental health and child mental health, taking into account the impact on both the child with physical illness as well as other children in the family.

Figure 35: Number and percentage of Warwickshire LSOAs in 20% most deprived for health deprivation and disability domain

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[196] https://academic.oup.com/jpepsy/article/36/9/1003/1016057 (accessed November 2022)

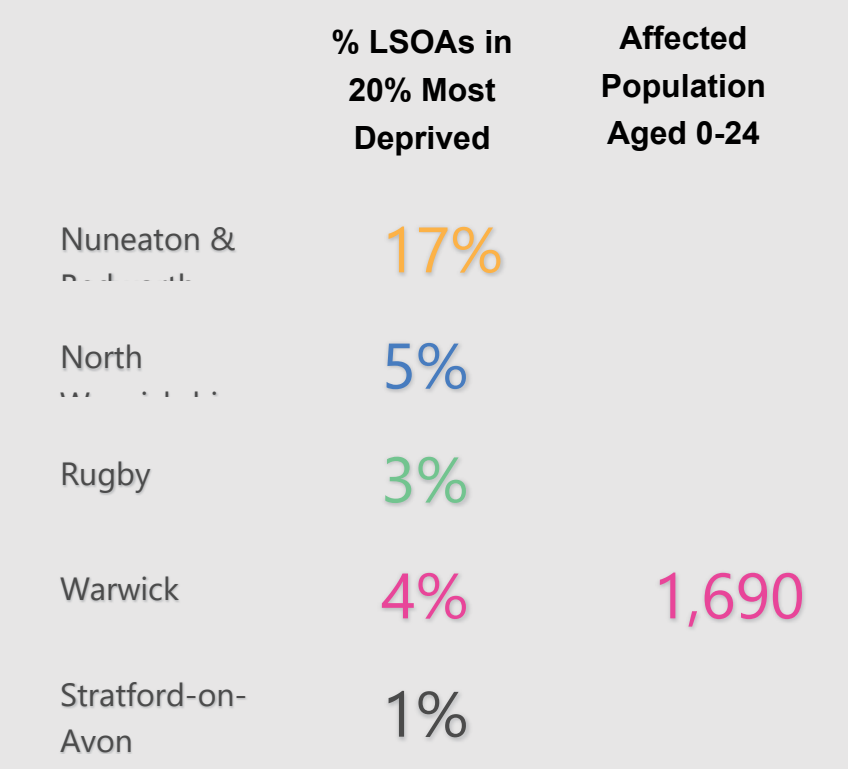
[197] https://acamh.onlinelibrary.wiley.com/doi/full/10.1002/jcv2.12046 (accessed November 2022)

[198] https://diabetesjournals.org/care/article/29/6/1389/24858/Depressive-Symptoms-in-Children-and-Adolescents (accessed November 2022)

[199] https://academic.oup.com/jpepsy/article/44/2/139/5138321 (accessed November 2022)

[200] https://academic.oup.com/jpepsy/article/44/8/959/5479914 (accessed November 2022)

Warwickshire is ranked 100 out of 151 upper tier local authorities in England for the IMD health deprivation and disability domain, meaning it is comparatively less deprived.



Source: IMD 2019 Health deprivation and disability, 2021 Census

There are 22 (6%) Warwickshire LSOAs in the top 20% most deprived nationally with a combined population aged 0-24 of 11,807. These areas are concentrated in Nuneaton and Bedworth (14), the remaining health deprived LSOAs are in North Warwickshire (2), Rugby (2), Warwick (3) and Stratford-on-Avon (1).

DOMAIN OF DEPRIVATION: CRIME

The crime deprivation domain measures the rate of recorded crime for four major crime types – violence, burglary, theft, and criminal damage, representing the risk of personal and material victimisation at a small area level.

The Effect of Local Area Crime on the Mental Health of Residents paper[201] concludes that local crime rates have a significant, negative, and substantial effect on mental well-being. People residing in higher crime areas are more likely to report mental health problems, including depression and psychological distress, and there is evidence to indicate that high crime areas also have elevated levels of anxiety and psychotic symptoms[202].

Children and young people who are involved in crime are also at higher risk of having a mental health problem, with children who end up in custody being 3 times more likely to have

[201] https://www.ucl.ac.uk/~uctpb21/Cpapers/Crime_and_Mental_Health%20EJ.PDF (accessed November 2022)

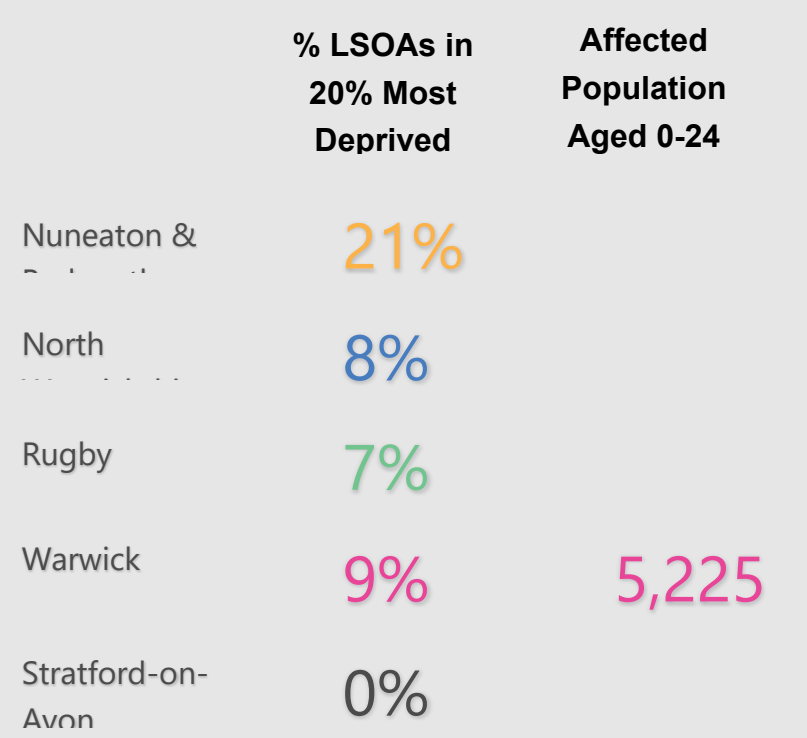
[202] https://cresh.org.uk/2021/07/19/crime-and-violence-in-the-neighbourhood-affects-our-mental-health/ (accessed November 2022)

a mental health problem than those who do not. They are also more likely to have more than one mental health problem, to have a learning disability, to be dependent on drugs and alcohol, and to have experienced a range of other challenges[203].

Figure 36: Number and percentage of Warwickshire LSOAs in 20% most deprived for crime domain

Warwickshire is ranked 101 out of 151 upper tier local authorities in England for the IMD crime domain, meaning it is comparatively less affected by major crime.

There are 32 (9%) Warwickshire LSOAs in the top 20% most deprived nationally with a combined population aged 0-24 of 17,510. These areas are concentrated in Nuneaton and Bedworth (17), the remaining LSOAs are in Warwick (8), Rugby (4) and North Warwickshire (3).



Source: IMD 2019 crime deprivation domain, 2021 Census

DOMAIN OF DEPRIVATION: BARRIERS TO HOUSING AND SERVICES

The barriers to housing and services domain measures the physical and financial accessibility of housing and local services. The indicators fall into two sub-domains: geographical barriers, which relate to the physical proximity of local services, and wider barriers which includes issues relating to access to housing such as affordability.

The quality, affordability, and safety of a person's house is vital to their mental health. Poor housing problems such as damp, mould, antisocial neighbours, uncertain tenancies, and overcrowded conditions can worsen mental health by increasing a person's stress, anxiety,

[203] https://www.centreformentalhealth.org.uk/youth-justice (accessed November 2022)

depression, and sleep problems. A report by Shelter[204] found that 1 in 5 people have experienced mental health issues due to housing problems, and that compared with the general population people with mental health conditions are:

- One and a half times more likely to live in rented housing
- Twice as likely to be unhappy with their home
- Four times as likely to say that it makes their health worse

Warwickshire is ranked 80 out of 151 upper tier local authorities in England for the IMD housing domain, meaning barriers to housing and services are slightly better than the national mid-point.

There are 50 (15%) Warwickshire LSOAs in the top 20% most deprived nationally with a combined population aged 0-24 of 26,908. These areas are concentrated in Stratford-on-Avon (23), the remaining LSOAs are in Warwick (10), Rugby (9), North Warwickshire (9) and Nuneaton and Bedworth (1).

Figure 37: % Warwickshire LSOAs in 20% most deprived for barriers to housing and services domain

	% LSOAs in 20% Most Deprived	Affected Population Aged 0-24
Stratford-on-Avon	36%	
Warwick	12%	
Rugby	15%	
North Warwickshire	18%	
Nuneaton & Bedworth	1.2%	550

Source: IMD 2019 housing deprivation domain, 2021 Census

DOMAIN OF DEPRIVATION: LIVING ENVIRONMENT DEPRIVATION

The Living Environment Deprivation Domain measures the quality of the local environment. The indicators fall into two sub-domains. The 'indoors' living environment measures the quality of housing; while the 'outdoors' living environment contains measures of air quality and road traffic accidents.

[204] https://england.shelter.org.uk/ (accessed November 2022)

Having access to green spaces and nature can benefit both mental and physical wellbeing by[205]:

- Improving your mood
- Reducing feelings of stress or anger
- Helping to take time out and feel more relaxed
- Improving physical health
- Improving confidence and self-esteem
- Helping to meet and get to know new people
- Connecting you to a local community
- Reducing loneliness

The Marmot review[206] highlighted the importance of green space for some groups including children, who can feel excluded if spaces are not designed appropriately and if they are poorly maintained/cleaned, which can influence perceptions of safety.

Research published in the British Journal of Psychiatry[207] using data from over 13,000 people found that residential air pollution exposure is associated with increased mental health service use among people recently diagnosed with psychotic and mood disorders. It concluded that, assuming causality, interventions to reduce air pollution exposure could improve mental health prognoses and reduce healthcare costs.

Figure 38: Number and percentage of Warwickshire LSOAs in 20% most deprived for living environment domain

[205] https://www.mind.org.uk/information-support/tips-for-everyday-living/nature-and-mental-health/how-nature-benefits-mental-health/ (accessed March 2023)

[206] https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review (accessed March 2023)

[207] https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/association-between-air-pollution-exposure-and-mental-health-service-use-among-individuals-with-first-presentations-of-psychotic-and-mood-disorders-retrospective-cohort-study/010F283B9107A5F04C51F90B5D5F96D6 (accessed March 2023)

Warwickshire is ranked 84 out of 151 upper tier local authorities in England for the IMD environment domain, meaning quality of housing and 'outdoor' living environment are overall slightly better than the national mid-point.

	% LSOAs in 20% Most Deprived	Affected Population Aged 0-24
Stratford-on-Avon	21%	
Warwick	9%	
Rugby	5%	
North Warwickshire	16%	
Nuneaton & Bedworth	7%	

Source: IMD 2019 Living Environment deprivation domain, 2021 Census

There are 38 (11%) Warwickshire LSOAs in the top 20% most deprived nationally with a combined population aged 0-24 of 18,879. These areas are concentrated in Stratford-in-Avon (15), the remaining LSOAs are in Warwick (8), North Warwickshire (6), Nuneaton and Bedworth (6) and Rugby (3).

CHILDREN WHO ARE LOOKED-AFTER

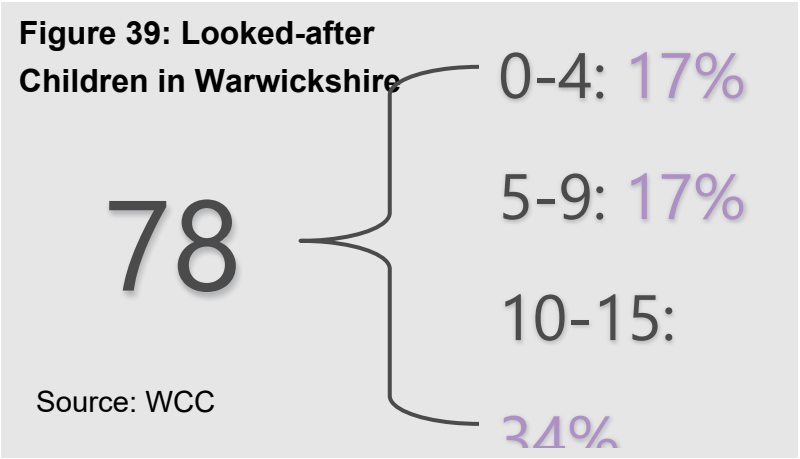
Children who are looked-after are child or young people who are being cared for by their local authority. This includes living in a children's home, with a foster parent, or in some other family arrangement, and refers to any young person up to the age of 18. The most common reason for a child to be taken into care is to protect them from abuse or neglect, but other circumstances could be due to family breakdown or parents not being able to cope, perhaps due to illness or disability[208].

[208] https://mentallyhealthyschools.org.uk/risks-and-protective-factors/vulnerable-children/looked-after-children/ (accessed December 2022)

Whilst a child or young person could be having a traumatic experience before moving into care, moving into care in itself can be a traumatic experience for children and young people, due to increased levels of uncertainty and insecurity, as well as feelings of loss. NICE guidance published on 20th October 2021[209] highlights that whilst the rate of mental health disorders in 5-15 year-olds is 10%, for those who are looked after it is 45%, and for those in residential care it is 72%.

Research also shows that a significant number of care leavers continue to experience mental health difficulties after leaving the care system to a higher degree than other disadvantaged groups. A review by Barnardo's[210] showed that 46% of care leaver cases which were reviewed involved young people who in the opinion of the personal adviser had mental health needs. 65% of those identified were not currently receiving any statutory service.

Figure 39: Looked-after Children in Warwickshire



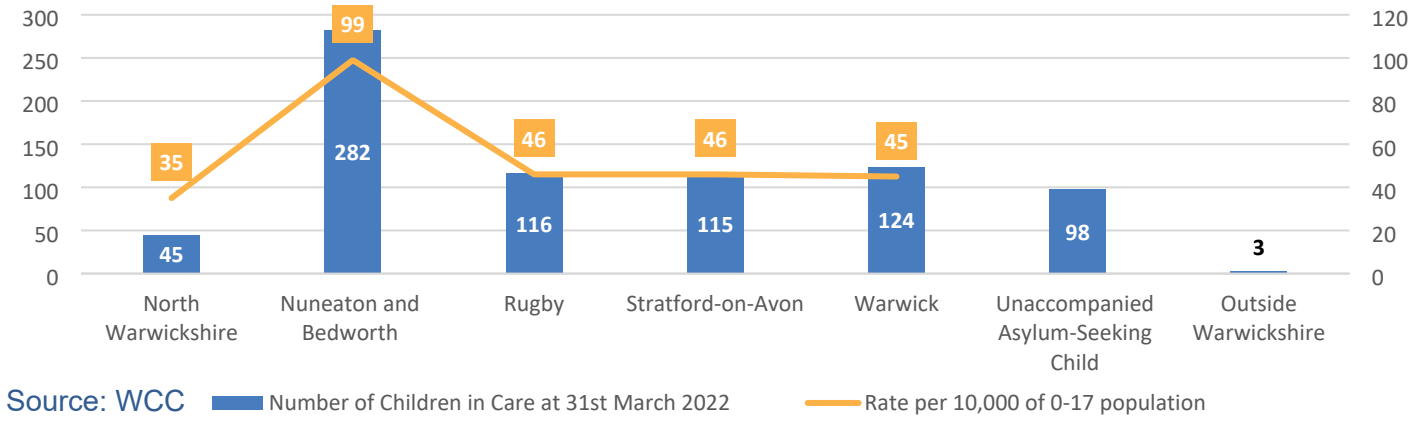
Source: WCC

On 28th February 2023, there were 783 children being look-after in Warwickshire, the majority (66%) of whom were aged over 10. The most common categories of need are 'abuse or neglect' (45%) and 'family dysfunction' (27%).

[209] https://www.nice.org.uk/guidance/ng205/chapter/Context (accessed December 2022)

[210] https://www.barnardos.org.uk/sites/default/files/uploads/neglected-minds.pdf (accessed December 2022)

Figure 40: Looked-after children in Warwickshire at 28/02/2023 and rate per 10,000 by originating district



Source: WCC

CHILDREN WITH LONG-TERM CONDITIONS

Having a long-term condition can have a profound impact on a child or young person. Long-term conditions are those which can't currently be cured but can be managed with medication or other treatment (examples include diabetes, asthma, epilepsy, chronic fatigue, and high blood pressure).

A child or young person's mental health is closely linked to their physical health, with research finding that children with long-term health conditions are twice as likely at age 10 and 13 to present with a mental health disorder than those without a long-term health condition, and by age 15 they were 60% more likely to present with a mental health disorder[211]. The same research by the Queen Mary University of London reviewed what additional factors might account for the link between chronic conditions and mental illness and found that bullying and health-related school absenteeism emerged as the most significant additional factors.

Long-term conditions can affect physical, cognitive, social, and emotional development, and can also take a toll on parents, carers, and siblings.

[211] https://www.qmul.ac.uk/media/news/2020/smd/chronic-illness-in-childhood-linked-to-higher-rates-of-mental-illness.html (accessed December 2022)

CHILDREN WITH LIFE-LIMITING CONDITIONS

A life-limiting condition is an incurable condition that will shorten a person's life, though they may continue to live active lives for many years. A similar trend has been seen in children and young people with life-limiting conditions as those with long-term conditions, with research showing that the incidence of anxiety and depression is significantly higher in children and young people with life-limiting conditions, compared to children and young people with no long-term conditions[212]. The same study by Paediatric Research in 2022 concluded that the higher incidence of anxiety and depression observed among children and young people with life-limiting conditions highlights the need for psychological support in this population, including further efforts to prevent, identify, and treat anxiety and depression.

From 2019 to 2022 Coventry and Warwickshire Child Death Overview Panel (CDOP) reviewed 40 children with life-limiting conditions. 23 of these cases were in Warwickshire, and 17 of these cases were in Coventry. 60% of cases were male and 40% were female. Throughout these cases there are common action themes that have developed into Coventry and Warwickshire CDOP action planning. These remain the same across Coventry and Warwickshire:

- The provision of counselling and metal health support for children with life-limiting conditions is usually reliant on charity or hospital settings. The current CAHMS/RISE service is not commissioned to provide mental health support for children who will die. (https://cwrise.com/our-services). It is unclear what counselling these children would have received through palliative care, this requires more clarity. There seems to be no escalation pathway that would acknowledge the time-sensitive nature of this support.
- Across Coventry and Warwickshire children with a life-limiting condition have not always been considered for a child in need assessment. This can be of great help to them, their siblings and familial structure. There is a current action in progress to examine how best to provide a guide of access and referral to this to palliative care practitioners. This is a potential invisible arm of aid that could be more commonly used.
- Having a child with a life-limiting condition impacts on the mental health and wellbeing of parents and siblings and increases the vulnerability of siblings as the time of care is divided further than in other family structures, there is a variation as to who cares for

[212] https://www.nature.com/articles/s41390-022-02370-8 (accessed December 2022)

them (more so than other family structures) and they also usually have caring responsibilities.

The average number of children dying of a life-limiting condition in Coventry or Warwickshire each year is around 14. This is a relatively small number of children. However, when considering sibling mental health and family mental health the number of children affected grows significantly, with repercussions of this playing out later in life.

IMPACT OF COVID-19

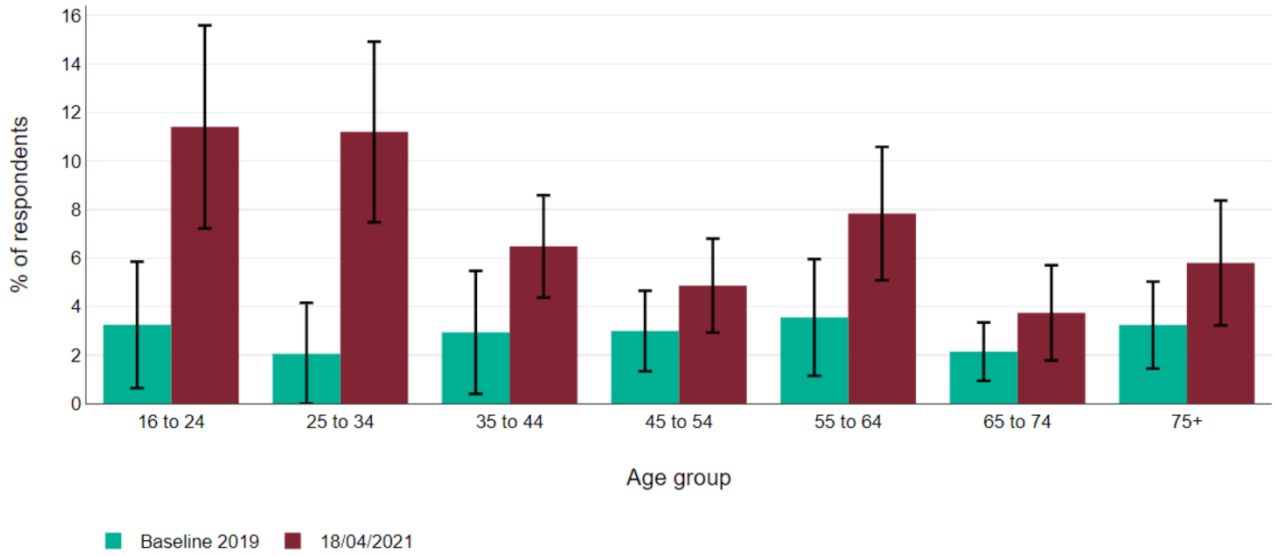
The COVID-19 pandemic had a major impact on the lives of children and young people, with many new and unexpected challenges such as lockdowns, school closures and home learning, and social distancing leading to issues such as social isolation, loneliness, increased anxiety, increased behavioural problems, or increased conflict at home[213].

The Coventry and Warwickshire Adult Mental Health and Wellbeing JSNA[214] highlighted that there are indications the pandemic has had a much deeper impact on the wellbeing of adolescents and young adults. Figure 43 shows how levels of people reporting low self-worth in the Opinions and Lifestyle Survey from Office for National Statistics have changed between 2019 and 2021. Historically there were higher levels of low self-worth amongst working aged adults, particularly in the 55 to 64 age group, with 25- to 34-year-olds reporting the lowest levels of low self-worth. Whilst there have been increases of low self-worth across all age ranges between 2019 to 2021, the most dramatic increases are seen in the 16-25 year-olds and 25-34 year-olds.

[213] https://mentallyhealthyschools.org.uk/risks-and-protective-factors/lifestyle-factors/coronavirus-supporting-children-and-young-peoples-mental-health/ (accessed December 2022)

[214] https://www.warwickshire.gov.uk/directory-record/7178/coventry-and-warwickshire-mental-health-needs-assessment-2021 (accessed December 2022)

Figure 41: Percentage of respondents with low life satisfaction (score 0-4) in England, by age group – 2019 compared with 2021.

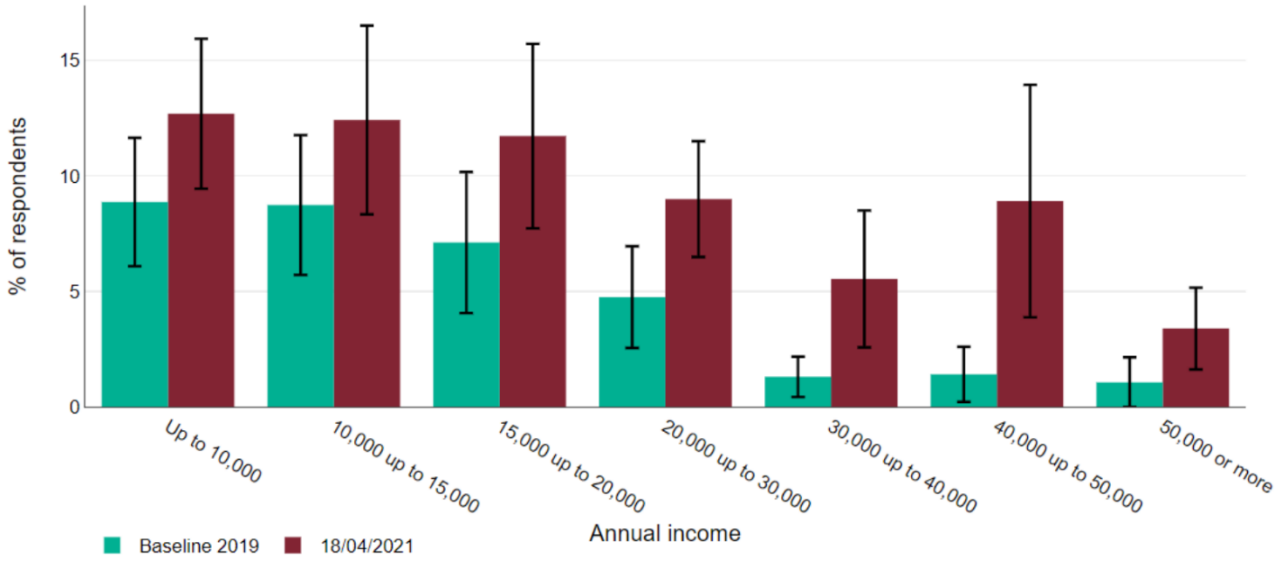


Source: Fingertips

The Coventry and Warwickshire Adult Mental Health and Wellbeing JSNA[215] also highlighted that the pandemic has changed the relationship between income and low life satisfaction. Historically people who earn less have had worse mental wellbeing, with life satisfaction being strongly related to income. Figure 44 shows that whilst a gradient still exists against income, having a higher salary during the pandemic was not as protective.

[215] https://www.warwickshire.gov.uk/directory-record/6791/coventry-and-warwickshire-mental-health-needs-assessment-2021-#:~:text=This%20Joint%20Strategic%20Needs%20Assessment,local%20priority%20setting%20and%20action. (accessed December 2022)

Figure 42: Percentage of respondents with low life satisfaction (score 0-4) in England, by annual income – 2019 compared with 2021.

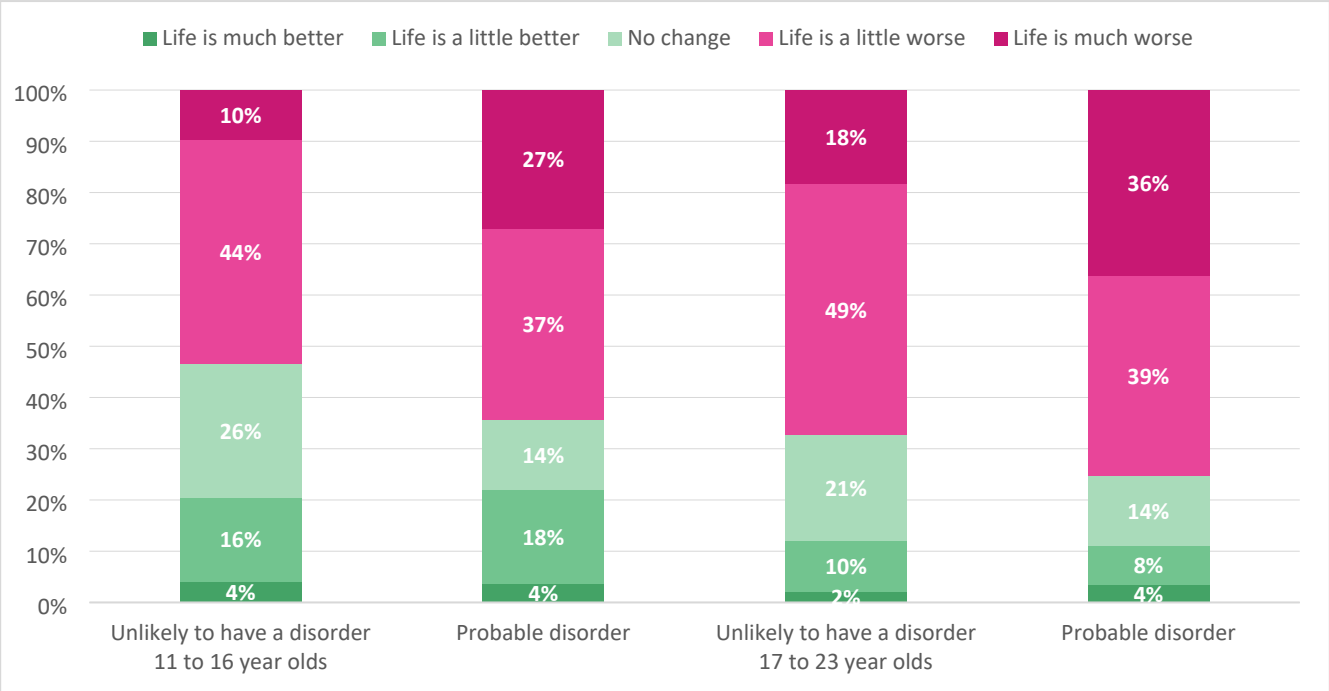


Source: Fingertips

Figure 45 shows responses to the NHS Children and Young People Mental Health Survey 2021 when asked whether life is better or worse following the pandemic. Responses show that:

- There was a higher percentage responding life was a little or much worse in those with a probable mental disorder (64% in 11–16 year-olds and 75% in 17–23 year-olds) compared to those unlikely to have a disorder (54% and 67%) in both age ranges.
- The 17-23 year-old age range had a higher percentage responding life was a little or much worse (67% in unlikely to have a disorder and 75% in probable disorder) compared to the 11-16 year-old age range (54% and 64%).

Figure 43: Affect of COVID-19 restrictions by age and mental health indicator



Source: NHS Children and Young People Mental Health (CYPMH) Survey 2021 (Wave 2 follow up to 2017 survey)

As well as creating new and unexpected challenges, the pandemic has intensified known risk factors for children and young people's mental health and wellbeing, including many of those mentioned within the Thriving chapter of this JSNA. This can be seen reflected in key findings produced by UNICEF in their report for World Mental Health Day in 2021 which looked at how the early stages of the pandemic in 2020 affected the mental health of children and young people[216]. The findings include:

- Females reported greater depressive symptoms, anxiety, and externalizing behaviour while males reported greater alcohol and substance abuse during COVID-19.
- Older children and adolescents reported higher and more severe rates of depressive symptoms.
- Children living in more affected areas, rural areas, or near the epicentres of COVID-19 outbreaks were associated with higher stress and depressive symptoms including anxiety and substance abuse.

[216] https://www.unicef-irc.org/article/2163-what-were-the-immediate-effects-of-life-in-lockdown-on-children.html (accessed December 2022).

- Children living in poverty or in lower socio-economic status were found to be at greater risk of stress and depressive symptoms, whereas higher socio-economic status was found to be a protective factor.
- Children with pre-existing conditions were more significantly affected by pandemic-related changes.
- Children in lower socio-economic settings or humanitarian settings experienced more depression and trouble adapting to online education.
- Children who were exposed to pre-existing childhood abuse and neglect were at increased risk of stress.
- Family conflict increased the risk of mental distress among children and adolescents.
- Separation from families and parental depression were also risk factors for stress and adjustment during the pandemic.
- Stigma based on ethnicity and all forms of racial discrimination were associated with greater anxiety among adolescents.
- Social isolation and loneliness during lockdowns contributed to a range of outcomes including depression, irritability, anxiety, stress, alcohol use and sedentary behaviours.
- However, in some studies, children reported benefits of confinement including spending time with family, relief from academic stressors, which correlated with more life satisfaction.
- Experience or fear of exposure to COVID-19 predicted stress and depressive symptoms but also positive outcomes of health promotion and infection prevention, great social distancing and news monitoring.
- Children and adolescents who spent more time on physical activities and maintaining routines were better protected from depressive symptoms. Stress management, leisure activities and regular communication with loved ones proved to be protective coping strategies to deal with the lockdown stressors.
- Engaging in recreational activities, using technology to communicate with loved ones, having more time for oneself and one’s family, protected against anxiety and contributed to overall wellbeing during the pandemic.

Impact of COVID-19 on new-borns and their upbringing

The pandemic and lockdown have had a multitude of challenges in the upbringing of new infants for parents. However, there have also been positive effects observed. These depend

on a variety of factors unique to each individual family unit, such as socioeconomic class, pre-existing mental health, and minority communities[217].

Challenges

Lockdowns and social restrictions increased feelings of loneliness and isolation. It was reported in one study[218], physical affection such as the frequency an infant was kissed by the family was 3 times in 6 months on average (including parents). At 12 months one-quarter of babies had never met another child of similar age. Parents expressed feelings of sadness and disappointment due to the inaccessibility of support from extended family members including grandparents and close friends.

It is evident new parents missed out on crucial support during the pandemic through a lack of formal and informal support services to help promote their well-being and their child's health and development. These may include antenatal and postnatal classes run by the NHS and voluntary groups, specialist perinatal mental health support for those who need it, statutory health visiting checks, and parent and baby group classes. Reports[219] conclude that the pandemic had affected access to these services, with potentially harmful long-term consequences for new parents and their children. Access to childcare was a further concern with official figures showing the number of children attending childcare settings is around 75% of pre-pandemic levels.

Parents of a young infant reported high rates of COVID-19 related stress, with higher reported stress in mothers compared to fathers. Additionally, the percentages of mothers and fathers experiencing clinically meaningful mental health symptoms during the pandemic were relatively high (mothers: 39.7% anxiety, 14.5% depression; fathers: 37.6% anxiety, 6.4% depression). More COVID-19 related stress was associated with more mental health symptoms in parents and increased insensitive parenting practices in mothers[220].

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[217] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9668239/ (accessed February 2023)

[218] https://bmjpaedsopen.bmj.com/content/6/1/e001348 (accessed February 2023)

[219] https://committees.parliament.uk/publications/7477/documents/78447/default/ (accessed February 2023)

[220] https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-022-04618-x (accessed February 2023)

Overall, there is no doubt that the pandemic has had a substantial impact on parents, with documented increases in mental health difficulties, alcohol consumption and suicidal thoughts. Their social support systems diminished, economic security threatened and access to essential services limited. As poor parental mental health and insensitive parenting practices carry risk for worse child outcomes across the lifespan, the mental health burden of the COVID-19 pandemic might not only have affected the parents, but also the next generation[221],[222].

Positive Effects

On the contrary, there is qualitative data available demonstrating the positive impact of the pandemic. Many parents have become more mindful of their values and the needs of their families and more creative about meeting these needs. Data shows 78% of parents said they had been showing their children more affection during the pandemic, while 87% said they were spending more quality time with their kids[223]. Parents have a renewed shift of focus towards the family and personal relationships, with many reporting the desire to reach a better balance between work and family life post lockdown, with some parents actively looking for new employment or more flexible working patterns[224].

Parents in a study[225] in Québec were doing significantly better on most parental and relational outcomes in spring 2020 than in spring 2019. Fathers reported less avoidant attachment and parental stress while mothers displayed better life satisfaction. Both fathers and mothers also reported better relationship satisfaction and stronger parental alliance (Figure 46 and 47).

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[221] https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-022-04618-x (accessed February 2023)

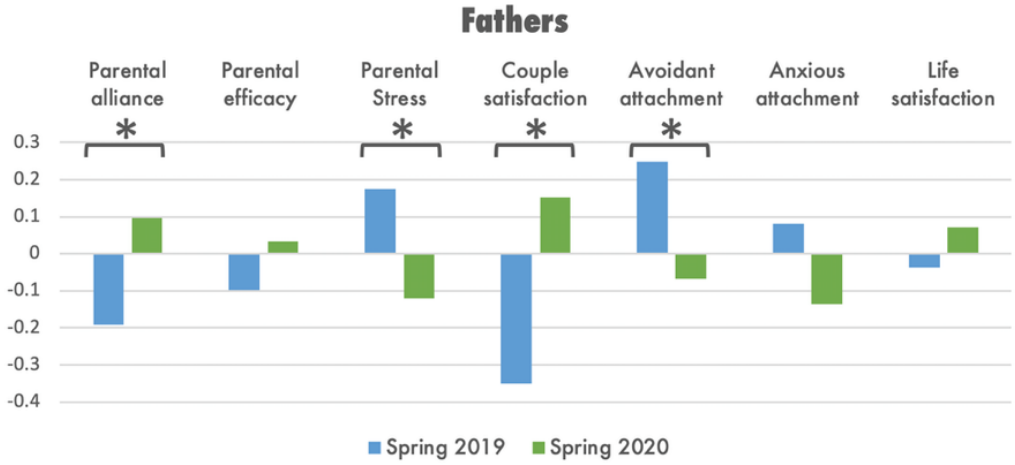
[222] https://www.weforum.org/agenda/2021/07/covid-coronavirus-parents-pandemic-newborns-babies-mothers-fathers (accessed February 2023)

[223] https://www.parents.com/kids/health/childrens-mental-health/silver-linings-positive-effects-of-the-covid-19-pandemic-on-children/ (accessed February 2023)

[224] https://www.leedstrinity.ac.uk/news/archive/2020/covid-19-study-reveals-positive-impact-of-lockdown-on-family-dynamics-and-wellbeing.php (accessed February 2023)

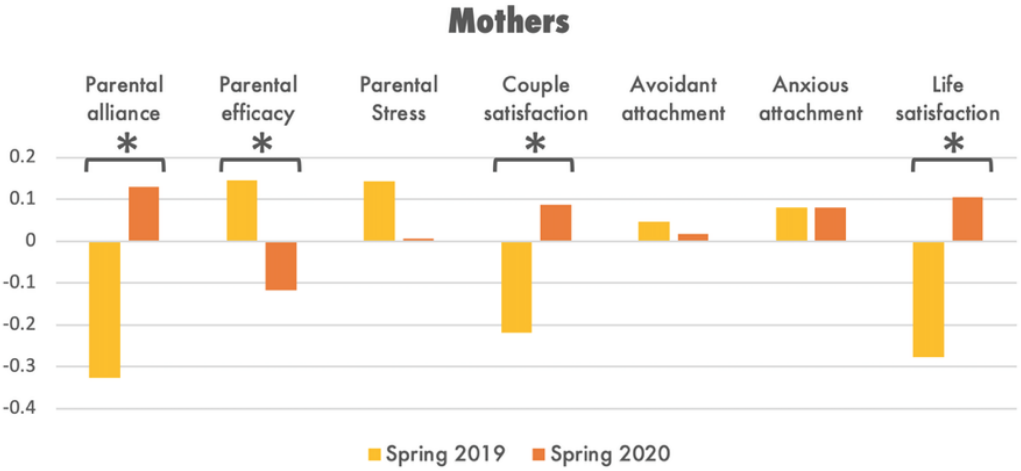
[225] https://www.weforum.org/agenda/2021/07/covid-coronavirus-parents-pandemic-newborns-babies-mothers-fathers (accessed February 2023)

Figure 44: Responses to a study on impact of COVID-19 on Fathers



Source: World Economic Forum[226]

Figure 45: Responses to a study on impact of COVID-19 on Mothers



Source: World Economic Forum

Mothers' perception in their ability to be effective and reliable caregiver is the only thing that seemed to decline during lockdown. It is also possible that for new mothers, being isolated and having less instrumental support from others (like advice from family and friends) brought on insecurity with regards to caring for their new-born.

[226] https://www.weforum.org/agenda/2021/07/covid-coronavirus-parents-pandemic-newborns-babies-mothers-fathers (accessed February 2023)

Most parents reported improvements in some areas, including emotional and physical well-being, parenting, and how families got along together. The most reported domain that showed improvement in the quantitative results was that over 80% indicated that the pandemic made it “a lot” or “a little” better to care for their new infants.

Overall, on the front of the positive impact, qualitative data[227] suggest improvements were influenced by an increase in family quality time, fewer barriers to breastfeeding, more time to be involved in establishing early child feeding routines, and better sleep routines.

COST OF LIVING

The cost of living is a measure of how much it costs to live an average quality of life. The cost of living has been increasing since early 2021, meaning an increased pressure on households as money needed to pay for key goods has been rising faster than household incomes.

Polling of parents with children aged 18 and under by YouGov for the Bernardo’s report “At What Cost? The impact of the cost of living crisis on children and young people”[228] found that:

- More than half of parents (54%) have been forced to cut back on food spending for their family over the past 12 months.
- 1 in 5 parents said they have struggled to provide sufficient food due to the current cost-of-living pressures.
- 26% said their child’s mental health has worsened due to the situation.
- 1 in 5 have taken on new credit cards, extra debt, or a payday loan.
- Parents have admitted resorting to desperate measures, with 26% selling possessions.

Research conducted by Young Minds[229] highlights how children and young people have been feeling about the rising cost of living:

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[227] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8903445/ (accessed February 2023)

[228] https://www.barnardos.org.uk/get-involved/campaign-with-us/impact-of-cost-of-living (accessed December 2022)

[229] https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/money-and-mental-health/#:~:text=The%20links%20between%20money%20and%20mental%20health,-

- The cost of living was the major worry for over half (56%) of young people, rising from 50% in May 2022. They reported disruption to their daily life, particularly their diet and sleep.
- Those aged 20-25 were particularly likely to feel concerned about money, with 80% always or often worried about earning enough.
- Worry isn't confined to those aged 20-25, with 21% of 11-year-olds saying money worries had caused them stress, anxiety, unhappiness, or anger.

Worrying about money issues can affect a child or young person's mental health in several ways, including:

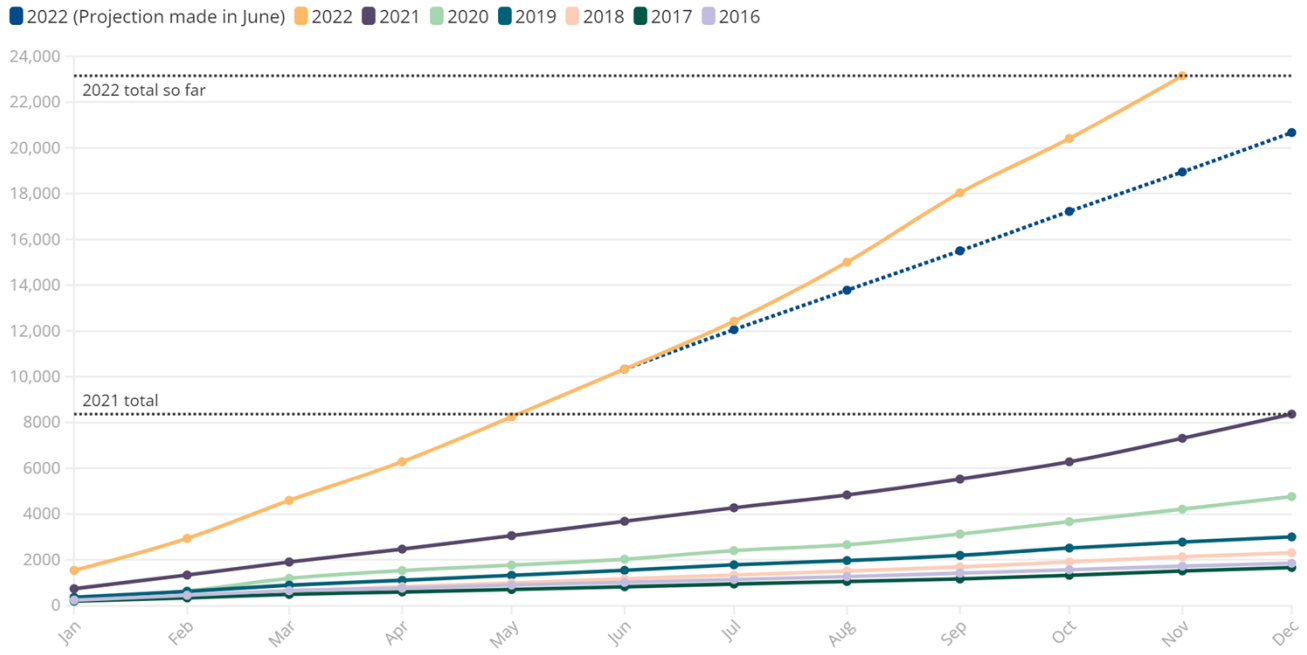
- Anxiety or panic attacks triggered by bills, benefits assessments, debts, or other money issues.
- Sleep problems.
- Social isolation or loneliness due to not having money to do things they enjoy.
- Depression caused by poor living conditions or being unable to afford necessities such as medications, counselling, adequate food or heating.
- Feeling stressed.
- Feelings of fear, shame, guilt (about any spending), being overwhelmed or having low self-esteem.

Citizens Advice have created a cost of living dashboard[230] to share insights from across their service on how the cost of living pressures are affecting the people they help. Figure 48 from their dashboard shows the cumulative number of people citizens advice have seen who have been unable to afford to top up their prepayment meter each year. By the end of November 2022 citizens advice have already seen more people unable to afford to top up their prepayment meter than for the entirety of the previous 6 years combined.

It's%20important%20to&text=A%20young%20person%20may%20also,negative%20impact%20on%20mental%20health. (Accessed December 2022)

[230] https://public.flourish.studio/story/1634399/ (accessed December 2022)

Figure 46: Cumulative number of people citizen advice have seen who've been unable to top up their prepayment meters each year

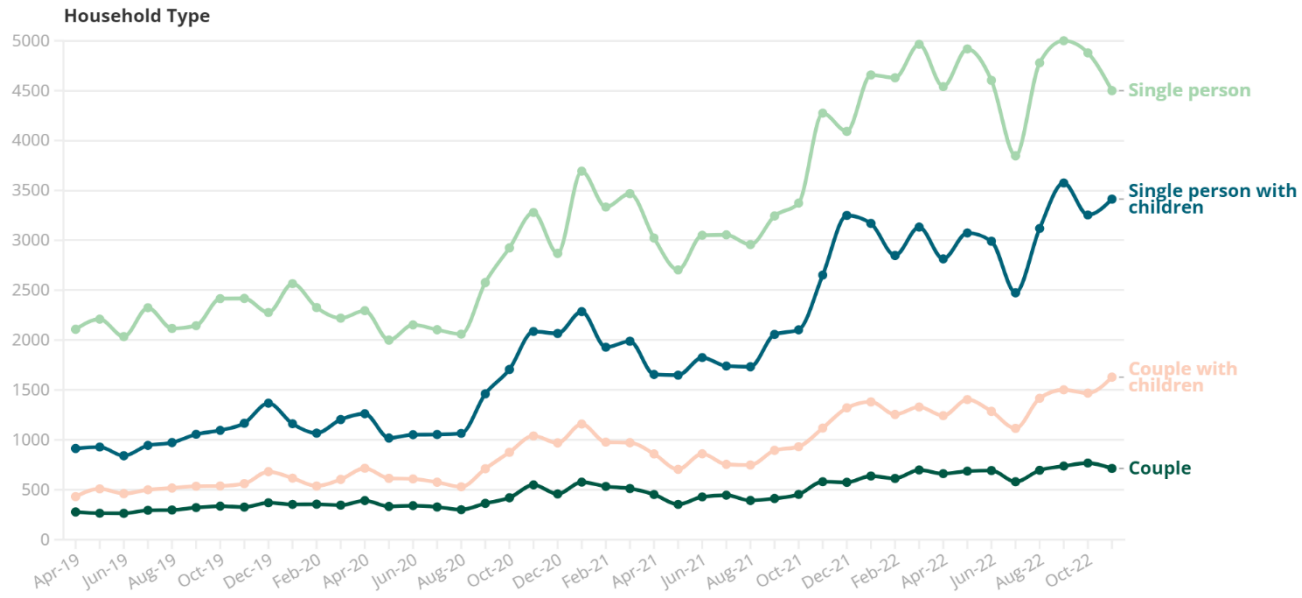


Source: Citizens Advice[231]

Different demographics have been affected to different extents by the cost of living, with Figure 49 from the citizens advice dashboard showing a higher number of referrals to food banks in a single person with children compared to a couple with children, Figure 50 showing a higher number of referrals to food banks in people who are disabled or who have a long-term health condition, and Figure 51 showing a higher number of referrals to food banks in Black/African/Caribbean/Black British ethnic groups, Other Ethnic Groups, and Mixed/Multiple Ethnic Groups compared to White and Asian/Asian British ethnic groups.

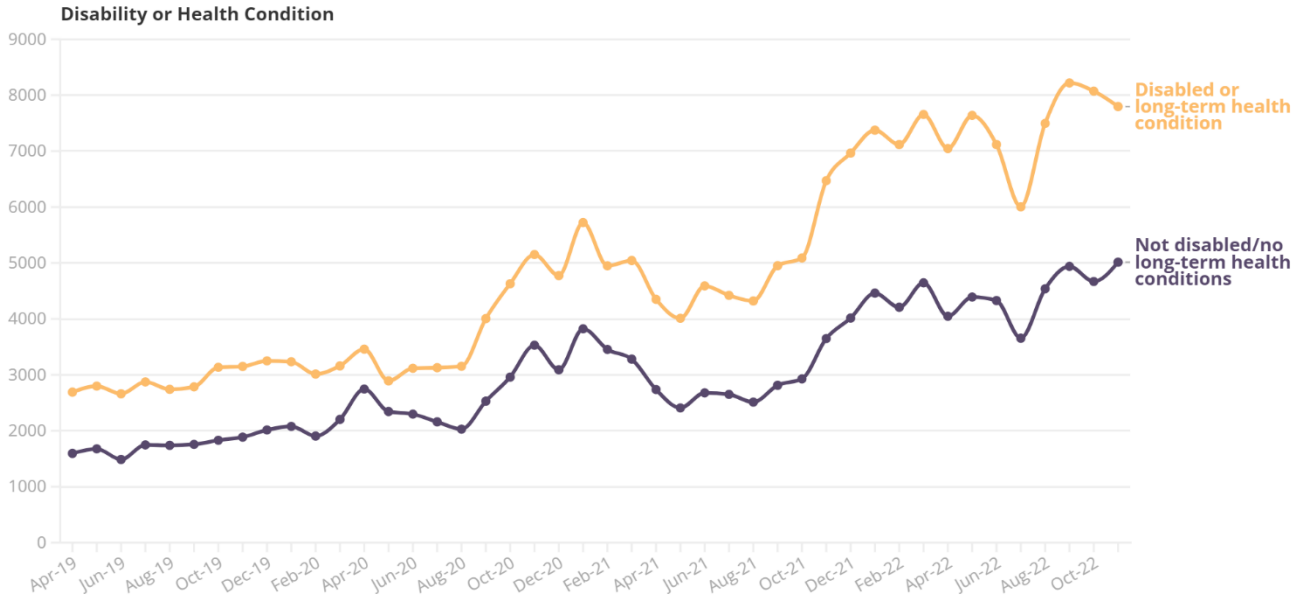
[231] https://public.flourish.studio/story/1634399/ (accessed December 2022)

Figure 47: Number of people Citizen Advice have seen have referred to a food bank by Household Type



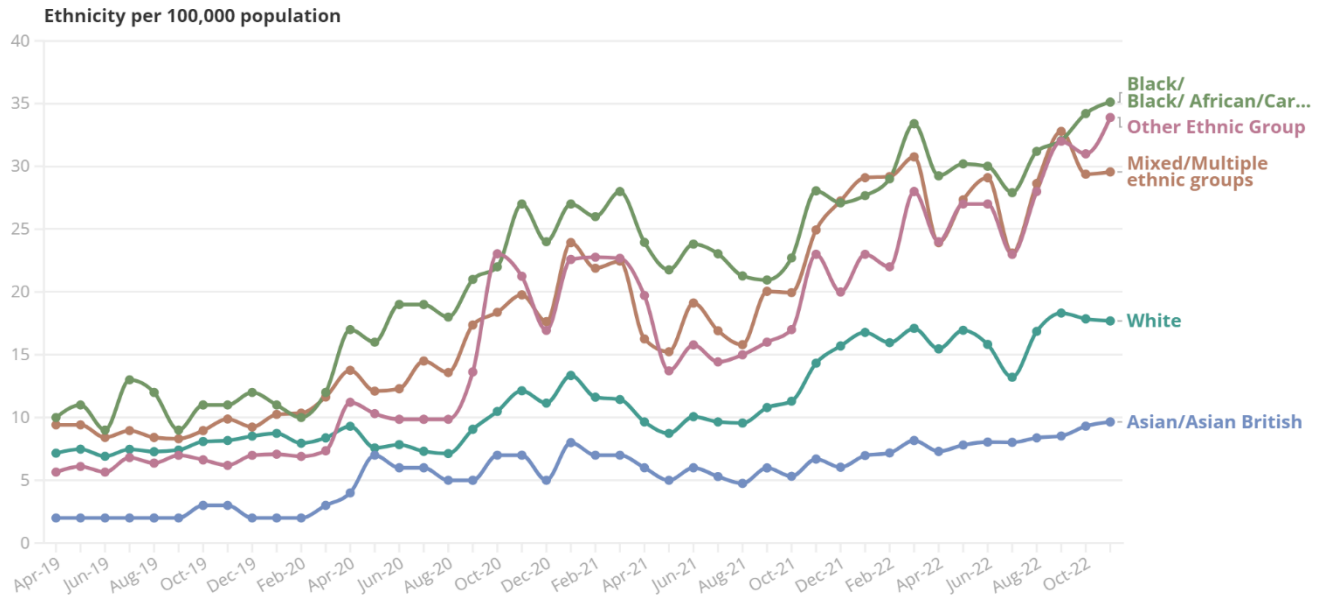
Source: Citizens Advice

Figure 48: Number of people Citizen Advice have seen have referred to a food bank by Disability or Health Condition



Source: Citizens Advice

Figure 49: Number of people Citizen Advice have seen have referred to a food bank by Ethnicity per 100,000 population



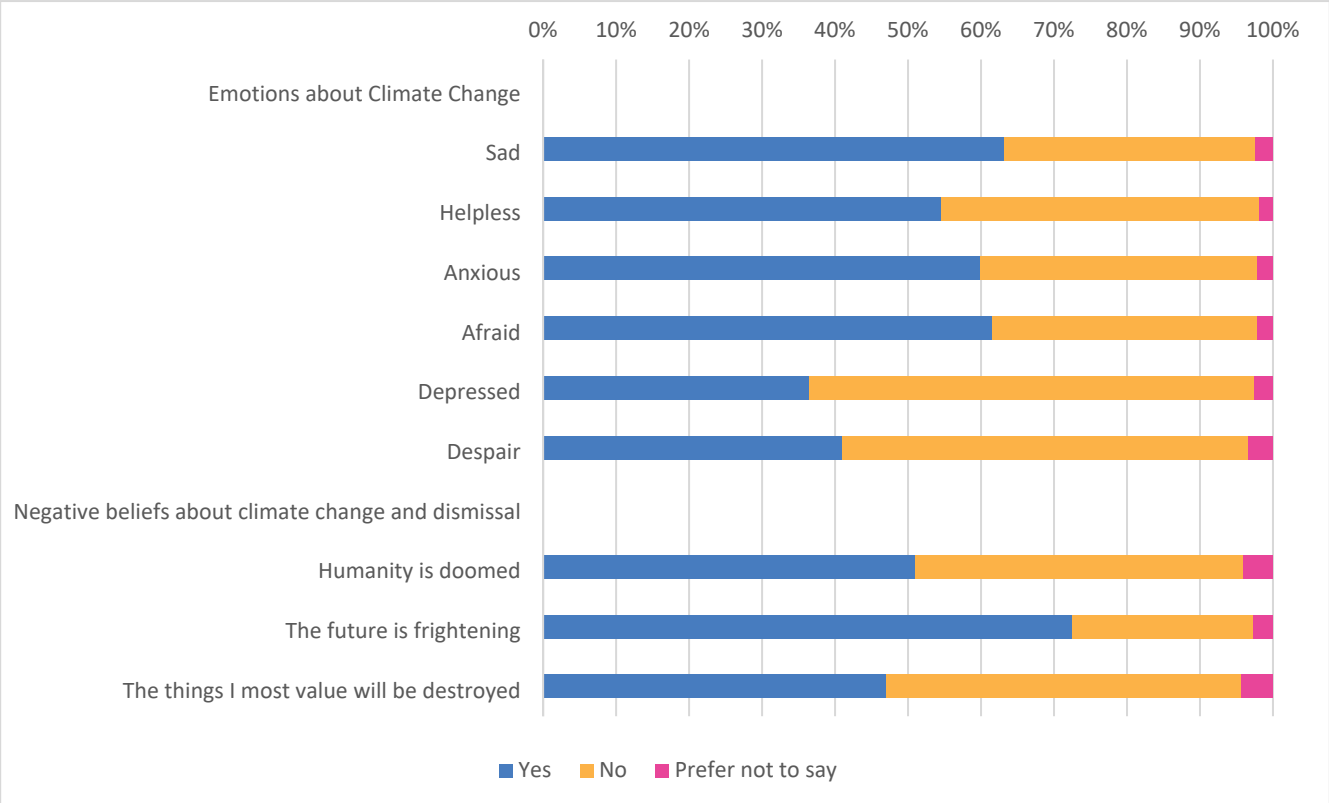
Source: Citizens Advice

CLIMATE CHANGE

From the engagement mapping done as part of this JSNA, climate change was a repeating theme of concern for children and young people. In the Lancet survey published in December 2021, a total of 10,000 children and young people aged 16-25-yeards-old in ten countries (including the UK) were questioned around climate change[232]. Figure 52 highlights some of the responses given to the survey by UK participants:

[232] https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(21)00278-3/fulltext#seccestitle70 (accessed December 2022)

Figure 50: Responses to The Lancet survey on Climate Change



Source: The Lancet[233]

The impact of climate change has been shown to have impact on mental health. The article "Climate Change and Children's Mental Health: A Developmental Perspective"[234] brings together a wide selection of research that shows that hotter average temperatures and more frequent and severe heatwaves are linked with increased population-level psychological distress, self-harm, hospital psychiatric admissions, and suicide. Heat waves aggravate existing mental disorders, especially in conjunction with high humidity, and reduce the effectiveness of certain psychotropic medications. The statistical effect for the impact of hot days on population mental health has been observed to be equivalent to that of unemployment.

[233] https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(21)00278-3/fulltext#seccestitle70 (accessed December 2022)

[234] https://journals.sagepub.com/doi/10.1177/21677026211040787#bibr138-21677026211040787 (accessed December 2022)

PERINATAL MENTAL HEALTH

It is impossible to discuss the correlates of child mental health without visiting parental mental health, particularly within the perinatal period (conception to up to one year after giving birth). A variety of issues can contribute to poorer mental health outcomes during the perinatal period, including service provision, previous mental health diagnosis, or lack of integrated physical and mental health care for women and their partners during this time frame[235]. Other risk factors include but are not limited to[236]:

- childhood abuse and neglect
- domestic abuse
- interpersonal conflict
- inadequate social support
- alcohol or drug abuse
- unplanned or unwanted pregnancy
- migration status

Previous loss of a child, whether before or after birth, can have a profound psychosocial burden which affects parent's mental health and wellbeing. Within the UK, one in four pregnancies end in miscarriage and one in 250 pregnancies end in stillbirth[237]. Furthermore, a traumatic childbirth such as prolonged or assisted labour can cause psychological distress, fear and helplessness and increase the risk of anxiety, depression, and even post-traumatic stress disorder (PTSD). Studies have shown of approximately 45% of women who had traumatic births, 4-6% developed PTSD following childbirth. Such conditions can directly impact the mother-child relations as well as the couple's relationship and could have consequences ranging from social isolation to the other extreme of suicide in a minority of cases. Identification of at risk groups and early intervention with appropriate support could be protective against such consequences and enable the best possible outcomes for mothers and infants[238].

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[235] https://www.england.nhs.uk/mental-health/perinatal/ (accessed February 2023)

[236] https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/4-perinatal-mental-health (accessed February 2023)

[237] https://www.nihr.ac.uk/documents/2282-improving-mental-health-outcomes-for-women-and-partners-who-have-experienced-pregnancy-not-ending-in-live-births/30853 (accessed February 2023)

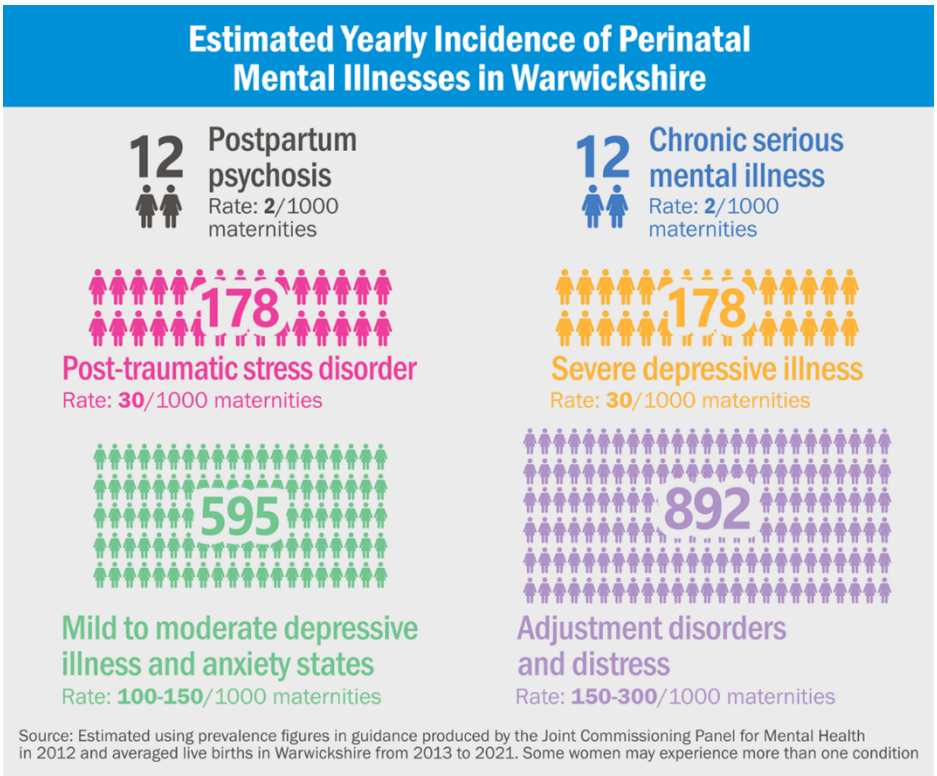
[238] Ertan D, Hingray C, Burlacu E, Sterlé A, El-Hage W. Post-traumatic stress disorder following childbirth. BMC Psychiatry. 2021;21(1):1-9

Defining Perinatal Mental Illness

In the UK the majority of mental illness throughout the perinatal period presents as common mental health disorders such as mild depression, anxiety disorders, and/or adjustment disorders where parents find coping with pregnancy and becoming a parent challenging and sometimes distressing but not at a level where normal functioning is impaired. These disorders affect between 100 and 300 pregnancies per 1000. Around 30 pregnancies per 1,000 are affected by PTSD or severe depressive illness where normal daily functioning is impaired significantly. Around 2 in 1,000 pregnancies will be affected by pre-existing chronic severe mental illness such as bipolar disorder or schizophrenia, which can be exasperated by pregnancy. A small number of women (2 in 1,000) may experience post-partum psychosis in the weeks after birth. This is a severe mental illness triggered specifically by pregnancy and requires specialist support.

Sadly, maternal suicide is the leading cause of pregnancy related death in the year after giving birth and almost a quarter of all deaths of women in the perinatal period were from mental health related causes[239].

Figure 51: Estimated yearly incidence of perinatal mental illness in Warwickshire



[239] https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2022/MBRRACE-UK_Maternal_MAIN_Report_2022_v10.pdf (accessed February 2023)

Local intelligence

Although direct data for the population was unavailable at the time of writing. The Adult Psychiatric Morbidity Survey UK (2014) has been used to calculate approximate prevalence of common mental health problems in women of childbearing age in Warwickshire. It is estimated that 10.9% of women aged 16-44 in Warwickshire experience more severe symptoms likely to require input from perinatal mental health services.

Access to services data tells us, there were 500 women over 16 years old in contact with specialist perinatal mental health in 2021/22 (defined as at least one contact within the 12-month postnatal period) in Warwickshire. This is a 12% increase from 2020/21 but a 14% decrease from 2019/20. The largest increase (of 33%) was seen in Nuneaton and Bedworth from 2020/21 to 2021/22. Therefore, it is likely to be stabilising back to the previous prevalence, with a decrease in access to services seen during the COVID-19 pandemic[240].

Service provision

In Warwickshire, a perinatal mental health pathway is used to screen pregnant women displaying symptoms of poor mental health with the aim to identify the most appropriate support for them during pregnancy and postnatally. Women with milder symptoms who meet primary care criteria receive input from the Healthy Mind service/Improving Access to Psychological Therapy (IAPT) perinatal champions who work closely with the perinatal mental health team (PMHT), however data is unavailable on a breakdown of this support and how quickly, or for how long it is provided. Women with moderate to severe mental health symptoms which meet the secondary mental health criteria in the perinatal period are referred to the PMHT, with women on the primary integrated community (PIC) pathway prioritised for intervention[241].

Perinatal mental health problems can have an adverse impact on the interaction between parents and their baby, affecting the child's emotional, social and cognitive development[242]. During the postnatal period (12 months after birth) if a parent is identified as having mild to moderate mental health issues which are impairing their ability to bond with their baby, or if the infant is displaying signs of mental health concerns, families can be referred to a parent-infant mental health specialist health visitor. Since 2021, Warwickshire has one PIMH

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[240] https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014 (accessed February 2023)

[241] https://www.covwarkpt.nhs.uk/perinatal-mental-health-professionals/ (accessed February 2023)

[242] https://maternalmentalhealthalliance.org/campaign/counting-the-costs/ (accessed February 2023)

specialist health visitor allocated to each place (North, South and Rugby), therefore a strict referral criteria is required. However, families who benefit from this service are offered specialist support including video interaction guidance (VIG) which is endorsed by NICE. VIG is a strengths-based brief intervention where video clips of optimum moment between parent and child are recorded and replayed with discussion to promote communication, sensitivity and mentalisation in relationships. To support both parents' mental health, partners can be referred to the digital app 'DadPad' which provides advice and signposting for new fathers, with development of a same-sex couple version underway[243].

At present pregnant/postnatal teenagers with common mental health disorders do not meet criteria for the PMHT, and RISE do not offer a specific perinatal service, highlighting a commissioning gap for this age groups of young mothers. Pregnancy in teenage years can lead to poor health and social outcomes for both the mother and child, if adequate support is not provided[244]. Young mothers are more at risk of developing postnatal depression than average[245], and their children can be more vulnerable to poor wellbeing[246].

In summary, pregnancy and the perinatal period can be a vulnerable time for many families. The 1,001 days is also a critical time for infant development, and a strong supportive network for parents during this period has the potential to offer a protective factor against poor mental health in later years.

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[243] Overview | Autism spectrum disorder in under 19s: support and management | Guidance | NICE, https://www.videointeractionguidance.net/what-is-vig

[244] NICE. Contraceptive services with a focus on young people up to the age of 25. NICE guidelines (PH51). London: National Institute for Health and Care Excellence, 2014 (cited 2015 Oct 16). Available from: www.nice.org.uk/guidance/ph51

[245] Mental Health Foundation. Young mums together: promoting young mothers' wellbeing. London: Mental Health Foundation, 2013 (cited 2015 Nov 11). Available from: www.mentalhealth.org.uk/content/assets/PDF/publications/young-mums-together-report.pdf

[246] NICE. Social and emotional wellbeing: early years. NICE guideline (PH40). London: National Institute for Health and Clinical Excellence, 2012 (cited 2015 Jun 8). Available from: www.nice.org.uk/guidance/ph40/

GETTING ADVICE, HELP, AND MORE HELP

This chapter incorporates 3 sections of the Thrive framework:

Getting Advice: Those who need advice and signposting. Within this grouping are children, young people and families adjusting to life circumstances, with mild or temporary difficulties, where the best intervention is within the community with the possible addition of self-support.

Getting Help: Those who need focused goals-based input. This grouping comprises those children, young people and families who would benefit from focused, evidence-based help and support, with clear aims, and criteria for assessing whether these aims have been achieved.

Getting More Help: Those who need more extensive and specialised goals-based help. Not conceptionally different from Getting Help, but also encompasses those young people and families who would benefit from extensive intervention. This grouping might include children with a range of overlapping needs that mean they may require greater input, such as the coexistence of autistic spectrum disorder (ASD), major trauma or broken attachments.

This chapter will therefore consider the prevalence of mental health conditions that will lead to children and young people needing advice, help, or more help, and the services within Warwickshire to support them.

TRAUMA

In November 2022, the Office for Health Improvement and Disparities defined trauma in their guidance document "Working definition of trauma-informed practice" as[247]:

"Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being."

[247] https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice (accessed March 2023)

In August 2021, Coventry and Warwickshire successfully bid to become the NHSE/I West Midlands Vanguard for the Framework for Integrated Care. To support this work Coventry and Warwickshire ICB produced a Trauma Needs Analysis in December 2022.

The Needs Analysis found that there was a wide recognition by practitioners from across all sectors that trauma was highly prevalent amongst the children and families that they support, and that trauma may affect the way they engage with services and their presenting behaviours and needs.

Practitioners however seemed to be less consistently aware of how interactions with services can be retraumatising and potentially unhelpful for children and young people. This has resulted in low levels of confidence in being trauma informed, with many practitioners worried that they will say or do the wrong thing.

Practitioners also feel overwhelmed by the levels of trauma and complexity that they are facing and feel that they are often expected to address children's trauma on top of their work, with little support or additional resources to do so. Despite this fatigue, practitioners expressed a willingness to learn more about trauma, and aspire to be trauma informed. Yet there is a sense of confusion about what constitutes a trauma informed approach.

There is also a fragmented understanding of all forms of trauma and the many different trauma responses that may arise from exposure to trauma and adversity. This is problematic as it increases the likelihood of trauma being misinterpreted as either mental illness or behavioural issues which in turn may cumulate in the inappropriate pathologizing and labelling of children.

Vicarious trauma is often used to describe the transference of trauma to those who provide care, intervention, and empathetic engagement to those who have been subjected to trauma and adversity. It is therefore possible for parents, carers, and professionals who work with children who have experienced trauma to be at risk of experiencing vicarious trauma.

One of the recommendations in the Needs Analysis was that there should be consideration of including childhood trauma as part of the Joint Strategic Needs Assessments (JSNAs) to ensure a wider systemic focus on trauma and trauma informed practice. This JSNA therefore supports the recommendations made in the Coventry and Warwickshire Trauma Needs Analysis:

- The system should adopt an agreed approach to trauma and provide clarity on what constitutes trauma informed practice.

- There needs to be a clear trauma training plan in place to avoid confusion and “training fatigue”.
- Practitioners from all sectors should have access to formalised supervision processes and self care should be actively promoted and encouraged.
- A check list should be developed to be used by the commissioners of services to ensure that all services are trauma informed in their design.
- All commissioned providers should receive support and clear direction on how to work in trauma informed ways that align with the adopted system-wide ethos and approach to trauma.
- Strategic and operational workplans should be developed to respond to the gaps that have been identified within the Coventry and Warwickshire Trauma Needs Analysis.
- Case formulation should be adopted in practice to assist contextualising children’s behaviours and presentation in ways that are trauma informed.
- Trauma informed training and services should be developed in a way that is culturally competent.
- Support that is being provided for schools should be carefully co-ordinated to ensure equitable and consistent approaches to trauma.
- Further focus should be given to ensure that practitioners and services are occupationally aware and able to support children to practically engage in community based activities.
- Trauma training should be provided to the wider criminal justice system to lessen the likelihood of children being criminalised and further disadvantaged.

COMMON MENTAL DISORDERS

Common Mental Disorders (CMDs) comprise of different types of depression and anxiety that cause marked emotional distress and interfere with daily function[248]. Signs of anxiety and depression in children and young people can include[249]:

Anxiety	Depression
Becoming socially withdrawn and avoiding spending times with friends or family	Persistent low-mood or lack of motivation
Feeling nervous or 'on edge' a lot of the time	Not enjoying things they used to like doing
Suffering panic attacks	Becoming withdrawn and spending less time with friends and family
Feeling tearful, upset or angry	Experiencing low self-esteem or feeling like they are 'worthless'
Trouble sleeping and changes in eating habits	Feeling tearful or upset regularly
	Changes in eating or sleeping habits

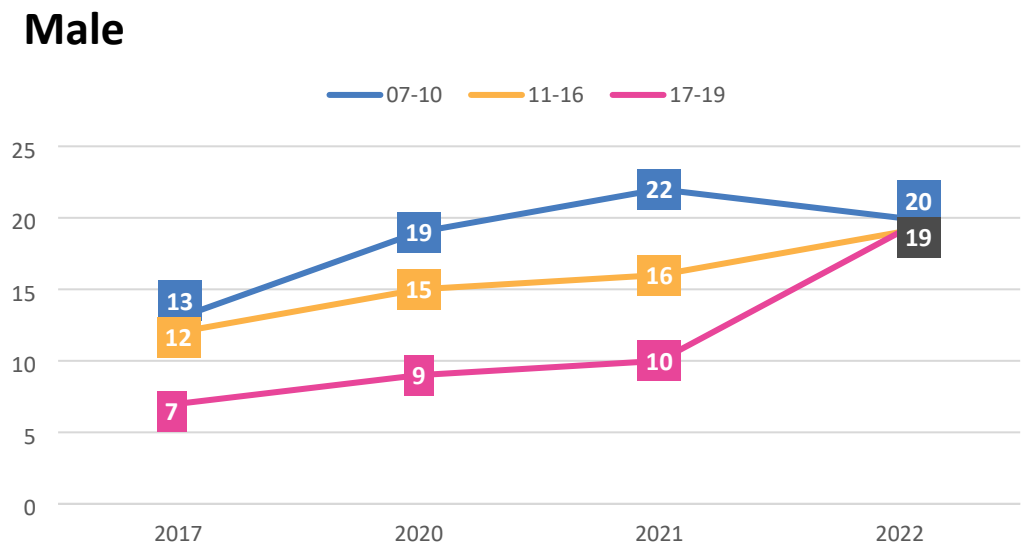
The NHS Mental Health of Children and Young People Survey Results uses the Strengths and Difficulties (SDQ) questionnaire to give an indication of the number of children and young people with a probable and possible common mental disorder by assigning a score to responses. Figure 54 and 55 show the percentage of probable mental disorders in males and

248 https://discovery.ucl.ac.uk/id/eprint/1532018/1/Stansfeld%20et%20al%20APMS2014%20Common%20mental%20disorders.pdf (accessed February 2023)

249 https://www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/depression-anxiety-mental-health/ (accessed February 2023)

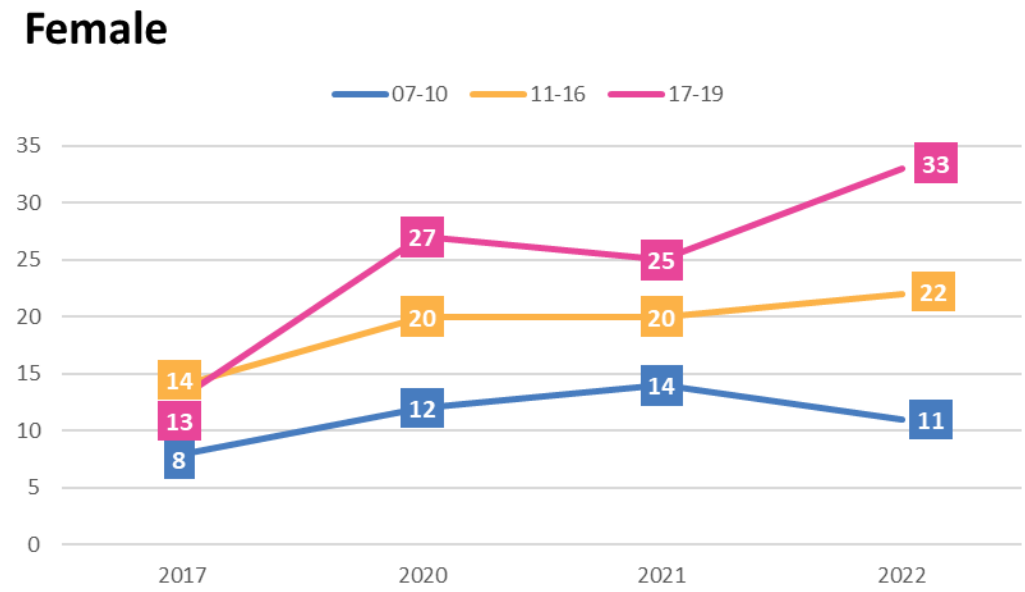
females in 3 different age categories. There has been a statistically significant increase from 2017 to 2022 in all age categories for both males and females.

Figure 52: Prevalence (%) of estimated common mental disorder in Males by age over time



Source: NHS Mental Health of Children and Young People Survey

Figure 53: Prevalence (%) of estimated common mental disorder in females by age over time



Source: NHS Mental Health of Children and Young People Survey

SEVERE MENTAL ILLNESS

Severe Mental Illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired[250]. The term brings together a range of conditions including[251]:

- Schizophrenic and delusional disorders
- Mood (affective) disorders, including depressive, manic, and bipolar forms
- Neuroses, including phobic, panic, and obsessive-compulsive disorders
- Behavioural disorders, including eating, sleep, and stress disorders
- Personality disorders
- Active self-injury, food refusal, suicidal behaviour
- Threatening or injurious behaviours, drug abuse, severe personality disorder
- Overactive behaviours
- Long-term 'negative' symptoms, such as slowness, self-neglect, social withdrawal
- Physical disability, learning disabilities, social disadvantage

Poor physical health is common in people with a SMI with:

- Many people experiencing at least one physical health condition at the same time as their mental illness, known as co-morbidity.
- Frequent diagnoses of more than one physical health condition at the same time as their mental illness, described as multi-morbidity[252].

The NHS Mental Health of Children and Young People Survey 2022 wave 3 follow up to 2017 adolescent psychotic-like symptom screening was used which is designed to assess several symptoms of psychosis over the past 12 months. Answers are scored and added up, with a score greater than 2 considered as an at-risk group for psychotic-like experiences. Psychosis is commonly used as an umbrella term referring to a group of psychotic disorders that includes schizophrenia, schizoaffective disorder, and delusional disorder, and is when people

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[250] https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing#purpose (accessed February 2023)

[251] https://www.birmingham.ac.uk/Documents/college-mds/haps/projects/HCNA/HCNAVol2chap13sh6L.pdf (accessed February 2023)

[252] https://onlinelibrary.wiley.com/doi/full/10.1002/j.2051-5545.2011.tb00014.x (accessed February 2023)

lose contact with reality. This might involve seeing or hearing things that other people cannot see or hear and believing things that are not actually true[253].

The onset of psychosis symptoms is most commonly between the ages of 15-40 and is very rare in younger children. Figure 56 shows the percentage of males and females aged 17-24 who scored 2 or more and are therefore part of the at-risk group.

Figure 54: Estimated at risk for psychotic-like experiences (scored 2 or more),

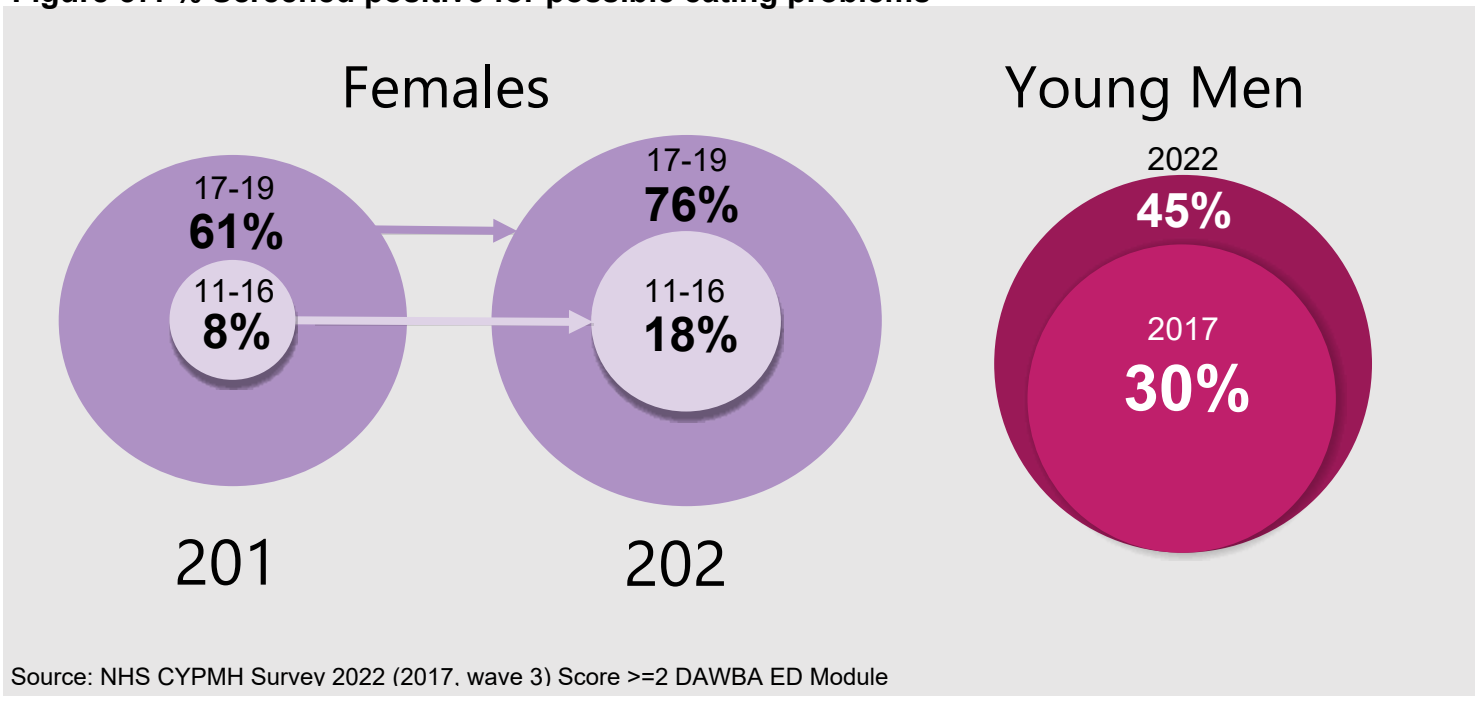
Male: 14.4%

Female: 22.6%

Source: NHS CYPMH Survey 2022 (2017, wave 3)

The NHS Mental Health of Children and Young People Survey also screened for possible eating problems. Results can be seen in Figure 57 which highlights a rise between 2017 to 2022 in the percentage with a possible eating problem in both males and females, with a particularly high rate in 17–19-year-old females, 76% of which screened positive for a possible eating problem.

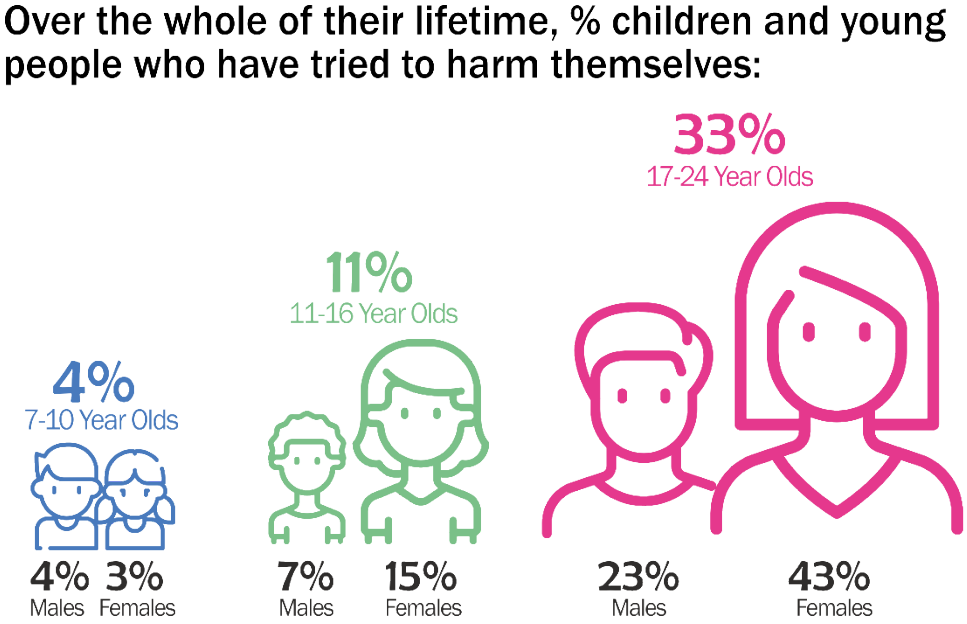
Figure 57: % Screened positive for possible eating problems



Source: NHS CYPMH Survey 2022 (2017, wave 3) Score >=2 DAWBA ED Module

[253] https://www.nhs.uk/mental-health/conditions/psychosis/overview/ (accessed March 2023)

Figure 55: Self-reported self-harm



Source: NHS Children and Young People Mental Health Survey 2022

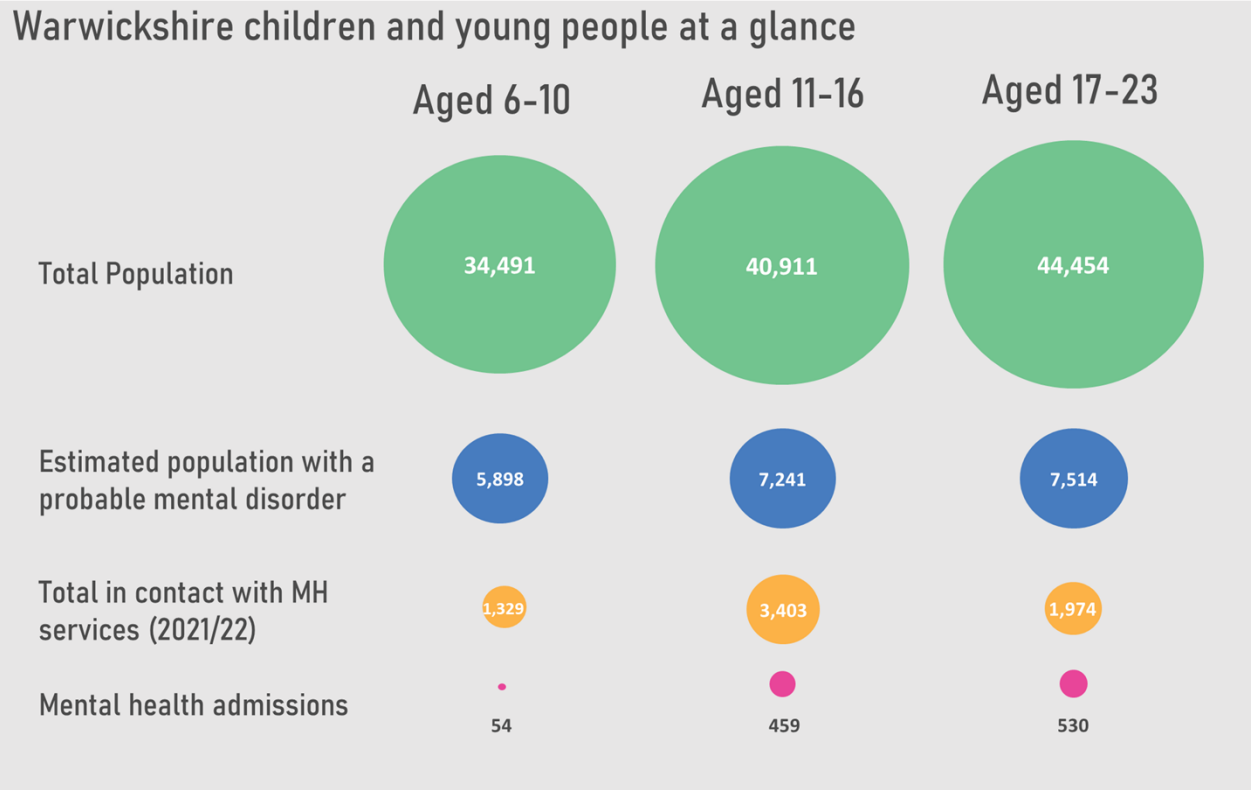
Figure 58 shows the percentage of children and young people who have, over the whole of their lifetime, tried to harm themselves. It shows that 1 in 3 17–24-year-olds have tried to harm themselves, with that number being higher for females (43%) than males (23%). In the 11–16-year-old category the percentage of females who have self-harmed is also higher than males by just over double.

SERVICE ACCESS

Figure 59 shows an overview of the 6-23 population in Warwickshire, the estimated number within each age bracket that have a probable mental disorder, the total number in contact with a mental health service in 2021/22, and the number of mental health admissions.

There is a notable difference between the total number in contact with a mental health service and the estimated number who have a probable mental disorder, with 22.5% of 6-10 year-olds, 47% of 11-16 year-olds, and 26.2% of 17-23 year-olds who have a probable mental disorder in contact with mental health services.

Figure 56: Warwickshire children and young people at a glance

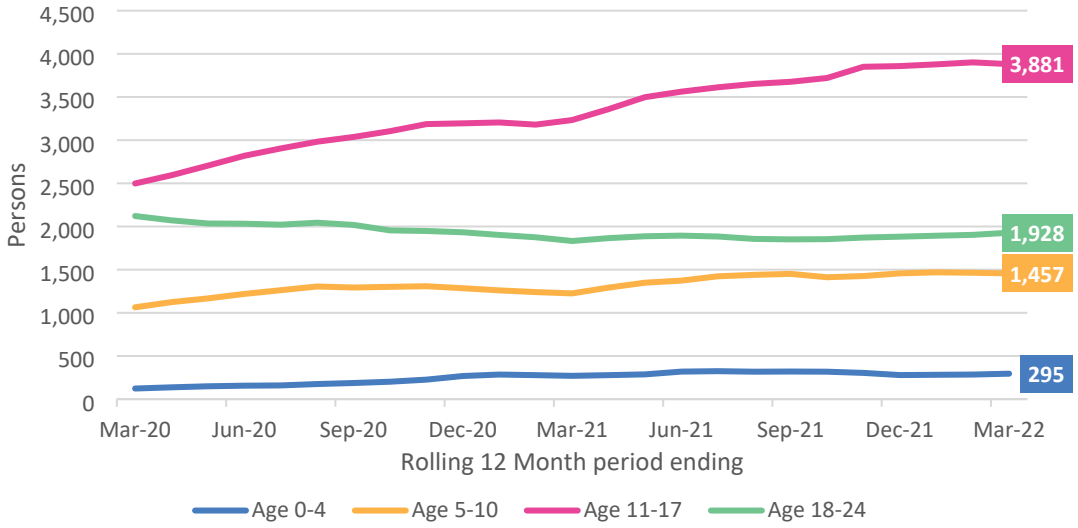


Source: ONS Population Estimates, NHS CYPMH Survey 2021 applied to age adjusted populations, Mental Health Services Dataset

Figure 60 shows the number of Warwickshire residents who have had at least one contact with a mental health service in the previous 12 months, meaning that, as an example, March 2021 covers the number of children and young people who had at least one contact with a mental health service between April 2020 – March 2021.

The graph shows that for the 0-4, 5-10, and 11-17 age categories the number of children and young people in contact with a mental health service has increased, with 11–17-year-olds making up the greatest share of service users. There is also a noticeable increase for the 11-17-year-olds and 5-10-year-olds between March 2021 and June 2021 which aligns with the start of the lockdowns and first year of the pandemic.

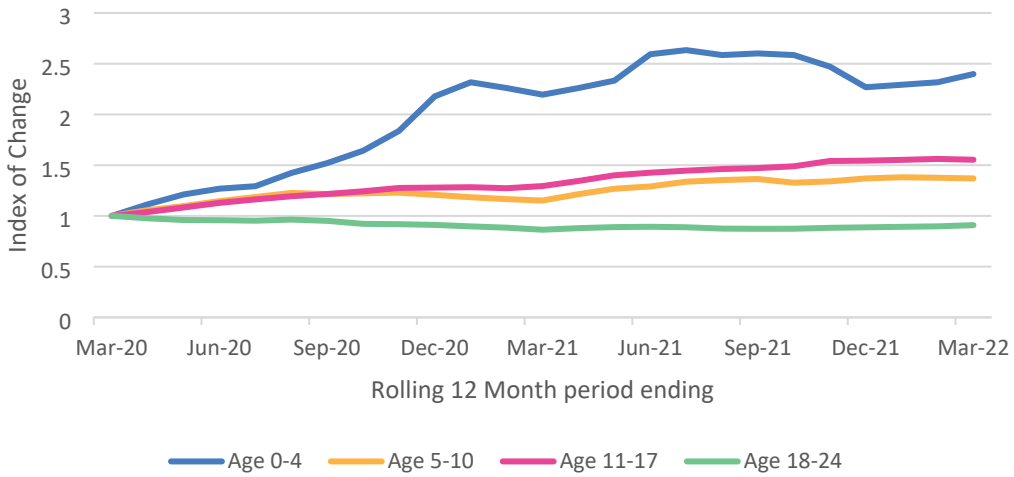
Figure 57: Warwickshire residents' access to mental health services



Source: Mental Health Services Data Set

Figure 61 shows the indexed change in access to mental health service for Children and Young People in Warwickshire over a rolling 12-month period. The greatest relative change has been in the 0-4 age band, which has over doubled since 12-month period ending March 2020. The 11-17 age band which makes up the greatest share of service users has also seen an increase of just over 50%.

Figure 58: Indexed change in access to mental health services (Warwickshire residents)

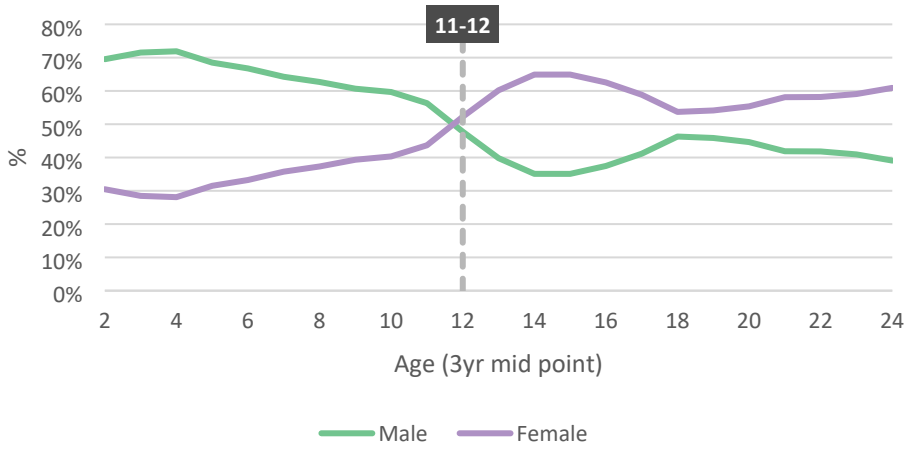


Source: Mental Health Services Data Set

Figure 62 shows the split between males and females accessing mental health services in Warwickshire. At a younger age those accessing services are predominately male, with around 70% of those accessing between the ages of 2-4 being male. At the ages of 11-12

there is a rise in the percentage of females, with age 14 seeing around 65% of those accessing service being female.

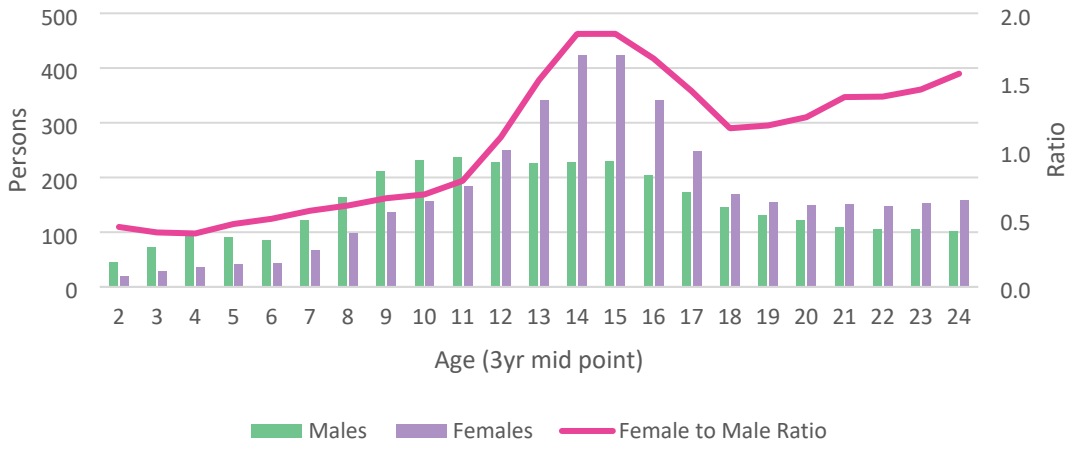
Figure 59: Access to mental health services 21/22 – Warwickshire residents aged 0-24



Source: Mental Health Services Data Set

This difference in access between males and females is further highlighted by Figure 63, which shows the numbers of males and females accessing mental health services in the 0-24 age range, as well as the female to male ratio accessing services.

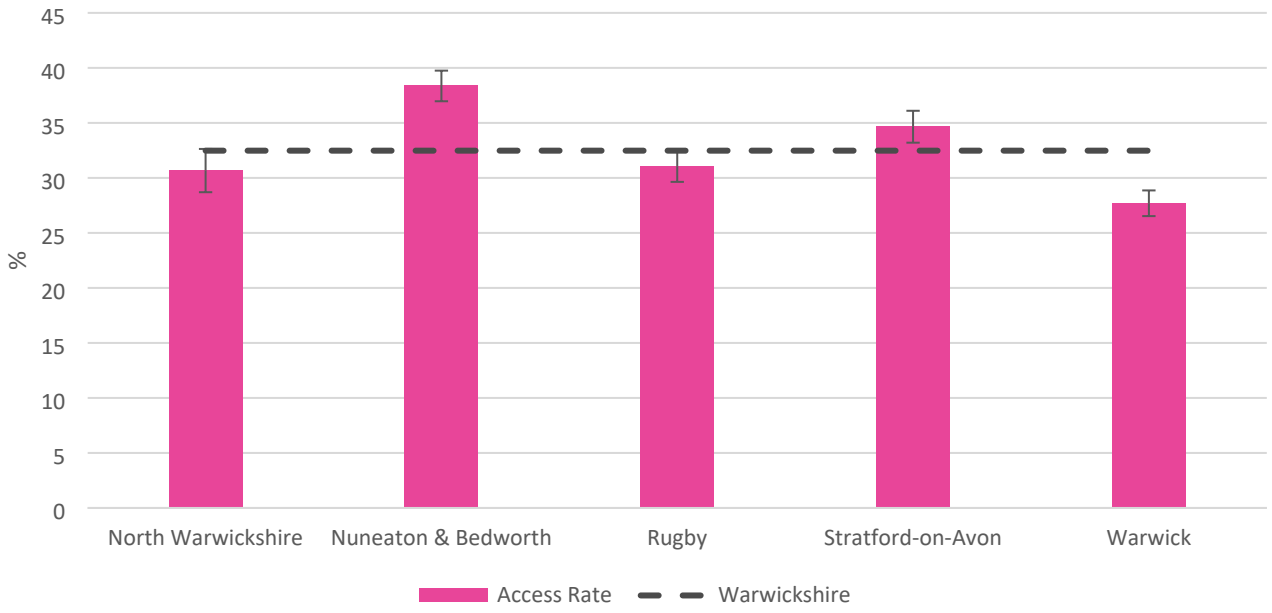
Figure 60: Access to mental health services 21/22 – Warwickshire residents aged 0-24



Source: Mental Health Services Data Set

Figure 64 shows the percentage of the estimated population aged 6-23 with a mental disorder accessing secondary mental health services in 2021/22. The highest access rate is in Nuneaton and Bedworth, with the lowest access rate being in Warwick.

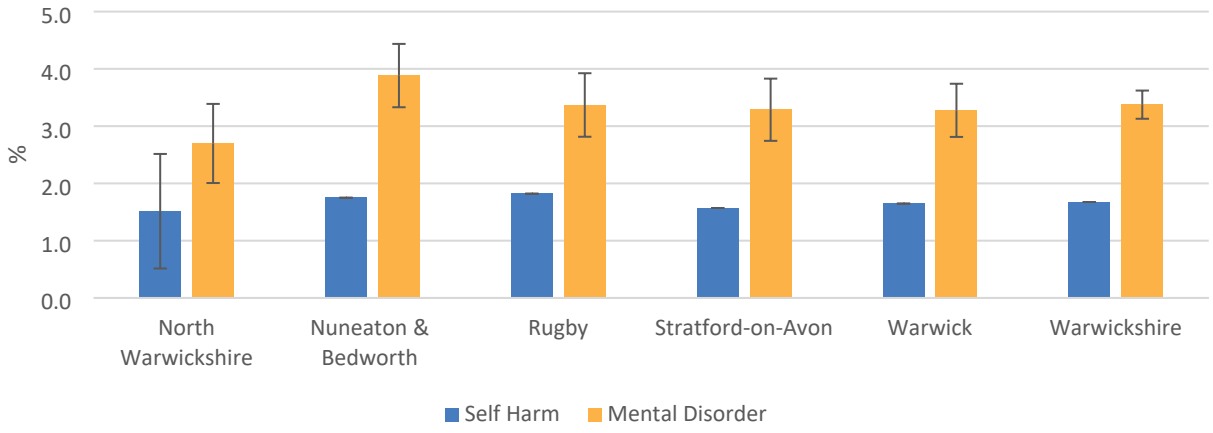
Figure 61: Percentage of estimated population aged 6-23 with mental disorder accessing secondary mental health services (2021/22).



Source: Mental Health Services Data Set and NHS Children and Young People survey 2021

Figure 65 shows the percentage of the estimated population aged 6-23 with a mental disorder being admitted to hospital in 2021/22. There is no statistical significance aross distrcit and boroughs. When looking at different age bands, Rugby has a lower rate than Warwickshire for those aged 6-10 and 11-16, but is higher than Warwickshire for 17-23. The North Warwickshire 6-10 year-olds and Warwick 17-23 year-olds are both lower than Warwickshire.

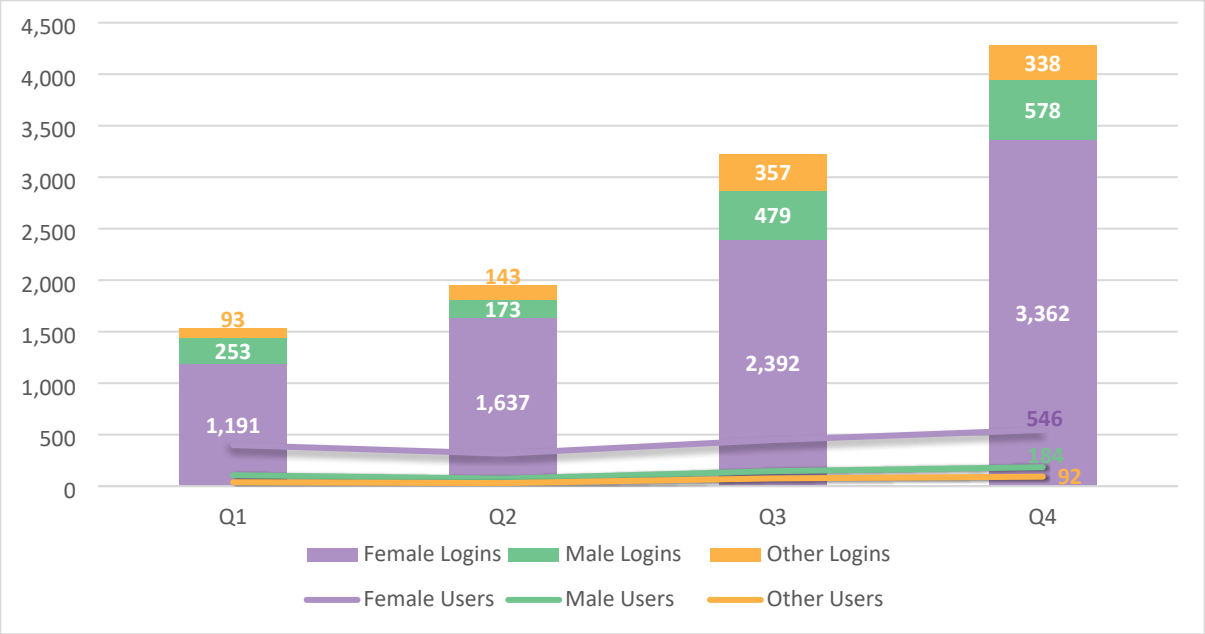
Figure 62: Percentage of estimated population aged 6-23 with Mental Disorder Admitted to Hospital (2021/22)



Source: Mental Health Services Data Set and NHS Children and Young People survey 2021

Kooth is an anonymous, free online mental health and emotional wellbeing support service for children and young people living in Coventry and Warwickshire. Figure 66 shows the number of users and logins by gender over the first year of the service in 2021/22. The figure shows an increase in usage over the first year, with the number of logins more than doubling between quarter 1 and quarter 4. There were more female logins and users than male.

Figure 63: Kooth Users and Logins by Gender over 2021/22



Source: Kooth

Figure 67 shows the percentage of children and young people in Warwickshire who were able to access Rise services within targets set locally for referral into treatment and emergency contacts, and nationally for eating disorders. These numbers reflect the increase in both demand and complexity of children and young people mental health needs. There was a significant increase in referrals for children and young people crisis care and eating disorders with the demand for these services greater than the pre COVID commissioned capacity. The impact of the COVID pandemic on our children and young people's emotional and mental health are a contributing factor to the presenting needs and patient flow.

Additional investment from NHS England to meet the NHS Long Term Plan[254] ambitions was given priority commitment for children and young people crisis care and community eating disorders during 2021/22 and continuing into 2022/23. This increase has enabled expansion

[254] https://www.england.nhs.uk/mental-health/cyp/ (accessed March 2023)

of the services and increased responsiveness for children and young people referred for specialist community eating disorder mental health care and crisis care.

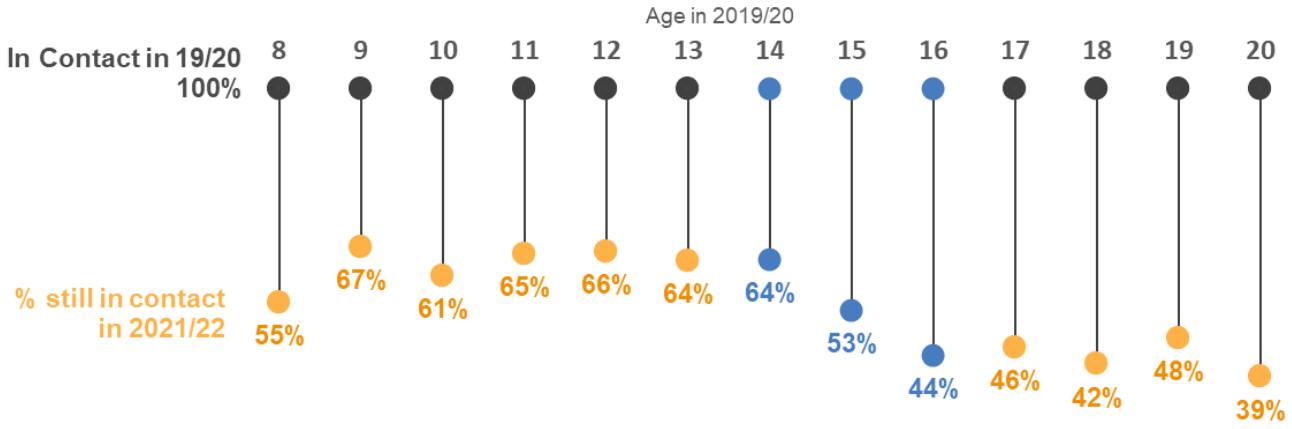
As the former Coventry and Warwickshire CCG in 2021/2022, eating disorder access for both 1 week and 4 weeks was in the bottom 5% nationally. More recent published data as Coventry and Warwickshire ICB has not shown any improvement, although there have been technical difficulties with the data collecting system.

Figure 64: Rise Service Waiting Times, 2021/22:

Source: Coventry Warwickshire Partnership

Figure 68 shows that children are more likely to remain in contact with service than young adults, with the decrease occurring from age 15 to 18. 64% of individuals aged 14 in 2019/20, with at least one contact with mental health services in that year, also have a contact two years later in 2021/22 where they would be around 16 years old. This drops to 44% still in contact two years later for the 16 year old cohort, who would then be around 18 years old.

Figure 65: Of the young people in contact with secondary mental health services in 2019/20, what proportion are still in contact after two years?



Source: Mental Health Services Data Set

Further analysis of this 2019/20 cohort showed that the number of contacts with mental health services is related with the percentage still in contact two years later. 86% individuals aged 14

in 2019/20 with 20+ contacts were still in contact two years later, compared with the baseline 64% with at least one contact.

SERVICE MAPPING

Table 13 provides an overview of the core mental health services across Warwickshire, mapped to the Thrive framework, with service descriptions below. The numbers accessing (either 2021/22 financial year or 2022 calendar year) are given as an indication of the amount of children and young people accessing services each year.

Table 13:Children and Young People Core Mental Health Services Across Warwickshire Mapped to THRIVE categories

	Getting Advice	Getting Help	Getting More Help	Risk Support
kooth Digital Mental Health Service	In 21/22, there were **1,062** users accessing forums and **641** accessing articles. *	In 21/22, there were **231** users accessing counselling by chat and **954** by message. *		
RISE Coventry Warwickshire Partnership Trust**	**Dimensions:** In 2022, **3,593** users 0-24 accessed the online wellbeing tool	In 21/22: • Primary mental health: **435** • Specialist CAHMS: **2,596** • Mental Health in Schools Teams – Approximately **1,700** children supported with an intervention	In 21/22: • Neuro -developmental: **2,767** • Eating disorders: **171**	In 21/22: • Acute liaison team and community crisis: **202** • Hospital admitters receive 48 hour plan

Coventry and Warwickshire mind	Big Umbrella Wellbeing advisors Peer mentoring Specialist keyworker	Community autism support Children-looked-after service Tier 2 Emotional Wellbeing Support		Safe Havens
Connect for Health Your school nursing service	In 21/22 academic year: • Chat Health: **89** chats were initiated*** • **129** group sessions held in schools	In 21/22 academic year, there were **1,210** one-to-one interventions with primary and secondary school students		

* Annual figures generated by quarterly reports so these figures will be an overestimation of unique users. There will also be overlap between categories as users may access more than one type of support.
** Annual RISE figures are an average of active users over four quarters, split by team
***Users may have more than one chat

Connect for Health School Nursing Service - Compass, ages 5-19 - https://www.compass-uk.org/servicevs/c4h/

Compass provides the Connect for Health school nursing service that supports children, young people, and their families in Warwickshire. They offer support with topics such as healthy eating, dental health, friendships and relationships, bullying, anxieties about changing schools, parenting, behaviour, fussy eating, sleep, continence, referral onto additional services, and emotional wellbeing including stress and anxiety. Support includes one-to-one interventions, a chat line offering advice and support, group sessions held in classrooms and assemblies.

Kooth, ages 11-24 - https://www.kooth.com/

Kooth is an anonymous, free online mental health and emotional wellbeing support service for children and young people living in Coventry and Warwickshire. It offers one online session

with a qualified counsellor, peer-to-peer support through moderated online forums, and the opportunity to read and contribute articles.

CWPT (RISE)

Dimensions of Health and Wellbeing Support Online Tool, all ages - https://cwrise.com/dimensions-tool

Dimensions is a free online tool providing self-care information to support adults, children, and young people in Coventry and Warwickshire. The tool is available 24/7 and creates a report which provides information about self-care, local services and support.

Mental Health in Schools Teams - https://cwrise.com/mhst

The Mental Health in Schools Team is an NHS service that has been introduced as part of the national plans to expand mental health services for children, young people, and their families within the education setting. Working across Coventry and Warwickshire, they provide mental health interventions, advice, and liaison with specialist services to help children and young people get the right support. They work closely with schools to develop their 'whole school approach' to mental health and wellbeing.

Primary Mental Health Teams - https://cwrise.com/primary-mental-health

The Primary Mental Health service gives general advice, guidance, and consultation and group training for those who work with children, such as school-linked professionals or social care roles. They help children and young people who may be displaying signs of emotional distress and emerging mental health difficulties by working with those around the child, such as teachers, in order to put in place plans to manage issues and stop them becoming more serious.

Youth Justice Service, ages 10-17 - https://www.warwickshire.gov.uk/youthjustice

The Youth Justice Service works with young people who have offended or are likely to do so. The service plays and active role within crime reduction partnerships, drug action teams, area child protection committees, are criminal justice liaison committees and court user groups, and social and economic regeneration groups.

Specialist Mental Health Services, up to 18th birthday - https://cwrise.com/what-is-camhs

The Core Specialist Mental Health Services can help children and young people if they:

- feel sad or like they don't want to be here anymore

- have problems with their family, friends or at school
- hurt themselves or want to hurt themselves
- feel anxious and scared
- have problems with eating food
- have trouble talking or sleeping
- hear voices or see things
- feel angry or are struggling to control their behaviour or temper
- find it hard to concentrate or get on with friends
- have to check or repeat things, or worry about germs
- don't like themselves or have low self-confidence.

Eating Disorders - https://cwrise.com/eating-disorders-children

The service aims to work in collaboration with children, young people and their families or carers to offer specialist assessment and treatment provision in order to restore both physical and psychological wellbeing.

Neurodevelopmental Service - https://cwrise.com/neurodevelopment-service

The Neurodevelopmental Service is a specialist service consisting of highly skilled multidisciplinary team responsible for the assessment and diagnosis of neurodevelopmental disorders including autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), and dyspraxia (as a co-occurring disorder).

Crisis and Home Treatment Team, under 18s - https://cwrise.com/crisis-and-home-treatment-team

The Rise Crisis & Home Treatment team provide multi-disciplinary support to children and young people who present in mental health crisis. The service is available 24/7, with an advice only service outside the core hours of 8am – 8pm.

Coventry & Warwickshire Mind

Early Intervention and Prevention:

The Big Umbrella - https://cwmind.org.uk/big-umbrella/

The Big Umbrella is an early intervention project aimed at building young people's resilience and equipping them with the skills to manage and maintain good mental wellbeing.

Wellbeing Advisors, ages 15-24 - https://cwmind.org.uk/wellbeing-advisors/

The wellbeing advisors are for young people who are feeling down or worried. They can help them find the right help and then catch up with them further down the line to see how things are going.

Targeted Services:

Children's Community Autism Support (CASS), age 7-18 - https://cwmind.org.uk/cass-children-and-young-people/

CASS is for children and young people (up until their 19th birthday) who are on the neurodevelopmental waiting list for an autism diagnosis, or who have previously received a diagnosis but require support, and their families.

Children Looked-After Services - https://cwmind.org.uk/looked-after-childrens-services/

Children looked-after services are delivered to children who are looked-after, their parents/carers, and professionals. Their support offer includes creative play and activities, counselling, telephone/text/e-mail support, and emotional wellbeing support.

Peer Mentoring Service, ages 16-25 - https://cwmind.org.uk/peer-mentoring/

This service is an early intervention/prevention service providing peer mentor 1:1 and group support with the goal of enabling a smoother transition from children's mental health services into adult support or community services.

Specialist Keyworker Project, ages 14-25 - https://cwmind.org.uk/specialist-keyworker-team/

The aim of the team is to ensure that the voice of the young person is heard – providing strategic support by looking at the background and history of the young person, identify blockages and challenges in their support journey, so that reasonable adjustments are made and to avoid unnecessary hospital admissions.

Safe Havens, age 16+ - https://cwmind.org.uk/wp-content/uploads/2020/11/Safehaven_October-2020-update.pdf

Safe Havens is an out-of-hours mental health support service that operates between 6pm – 11pm. Wellbeing practitioners are available for booked face-to-face appointments, by phone, video link, text message or email.

PATHWAYS

Rise is a family of NHS-led services providing emotional wellbeing and mental health services for children and young people in Coventry and Warwickshire.

Rise aims to build resilience and empower children and young people (as well as the adults in their lives) to know where to go for help and advice.

Rise comprises of a number of different services both NHS and Voluntary, Community and Social Enterprise (VCSE), each led by mental health specialists with the aspiration to deliver the right support at the right time.

A journey with Rise is as unique as the person seeking support, so the support each person receives may be different.

The ways Rise may provide support are:

- Direct support: which may be a combination of group sessions for young people and their parents or carers and or individual therapeutic interventions.
- School-based resilience programmes: such as Boomerang, Big Umbrella and Mental Health in School Teams.
- Support the people who support you: working alongside social care, schools and other professionals.
- Community-based support for parents and carers through Rise Community Partnerships.
- 24-hour support – including crisis care and 24/7 helpline.

The Rise service ethos is ‘no door is the wrong door’’. Regardless of how a Child or Young Person enters into Rise their needs will be supported and navigated to the right place within Rise.

The Navigation Hub is often the initial point of contact for professionals to make referrals for a child or young person they are working with. The Navigation Hub is open weekdays staffed by both Mental Health clinicians and CYP skilled admin. However, outside these hours the 24/7 crisis helpline is the access point for urgent referrals and or advice and guidance for CYP or those supporting a CYP. Both the Navigation Hub and the Crisis line are supported by Specialist Mental Health and Coventry and Warwickshire (CW) Mind practitioners.

Mental Health clinicians review every referral coming into the Navigation Hub gathering relevant clinical information to decide what further action is needed whether this a routine, urgent or emergency referral.

The Navigation Hub currently only accept referrals from professionals who are involved with or working with the young person and/or family, e.g. GPs, Schools, Social Care, School Nurses, Health Visitors.

Following the national NHSE roll out of Mental Health Support Teams in schools' programme access to early help and CBT based interventions within schools have widened the opportunities for CYP to access Mental health care. Those schools that are part of the MHST programme will via their Mental Health lead direct referrals to the MHST clinicians who are based within their schools.

Journey through Rise

When a CYP is referred for Emotional Wellbeing or Specialist Mental Health care the Mental Health clinical staff at the Navigation Hub triage all the referrals. This triage process may include follow up calls to either the referrer and or the parent/carer of children and young people themselves to determine the right support at the right time. The decision from this triage will be both informed and informing, where a CYP is felt that their needs are not within Rise the Navigation Hub clinician will signpost and support advice and guidance for referrer and parent/carer. This signposting to a service outside of Rise may include community and voluntary organisations who provide emotional and mental health wellbeing support.

Where a CYP is felt would benefit from a mental health assessment or intervention they will be contacted to confirm and arrange a suitable time for the assessment appointment and or intervention.

Regardless of any plan of care all CYP and their families are able to access the 24/7 crisis advice and helpline.

After Initial Assessment

After the initial assessment a young person will receive a letter saying what is going to happen next. This letter will detail the plan of care and reflect the conversation held in the assessment meeting. There are a number of interventions that may be part of the CYP plan of

care. All interventions and support will be based on the individuals assessed need and the family, CYP will be supported by the Intervention Hub while waiting for their follow up care.

No two journeys though the rise service are the same – a journey is as individual as the young person therefore a young person could receive support through a number of services based on their assessed need:

- Signposting to other community mental health and emotional wellbeing services
- Crisis and Home Treatment Team (if urgent)
- Primary Mental Health Teams
- Mental Health in School Teams (MHST)
- Eating Disorder service
- Crisis care through the Rise CYP Crisis team which may also include acute hospital admission
- Targeted Emotional & Mental Health Support
- Children looked after services
- Specialist Mental Health Services
- Neurodevelopmental Diagnostic Service (conditions such as Autism Spectrum Disorder and Attention Deficit Disorder)

GETTING RISK SUPPORT

Getting Risk Support is defined by the Thrive Framework as “Those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services”.

All groupings within the Thrive Framework are likely to have risk management aspects to some extent. However, children and young people in this category may have some or many of the difficulties associated with Getting Help or Getting More Help but, despite extensive input, they remain a risk to self or others.

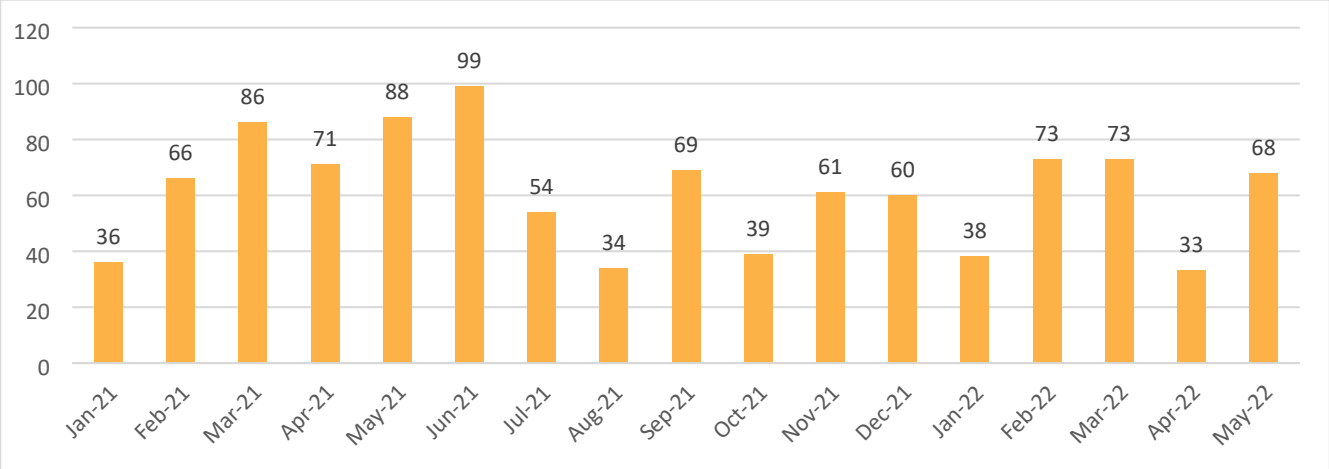
This section will consider the services available for children and young people who are at risk and may be in crisis, self-harm, hospitalisations, and suicide.

RISE CRISIS TELEPHONE LINE

The Rise crisis telephone helpline is run by the Rise Crisis & Home Treatment team. The service is available 24-hours a day, 7 days a week, with an advice-only service outside the core hours of 8am – 8pm.

Figure 69 shows the number of calls received between January 2021 and May 2022. In this period Mondays were the busiest day for the helpline. Months where educational pressures peak (such as in May and June during exams) and months with transition points (such as September when the new school year starts) show an increase in the number of calls received.

Figure 66: Number of calls received by the Rise Crisis Telephone Helpline between January 2021 and May 2022



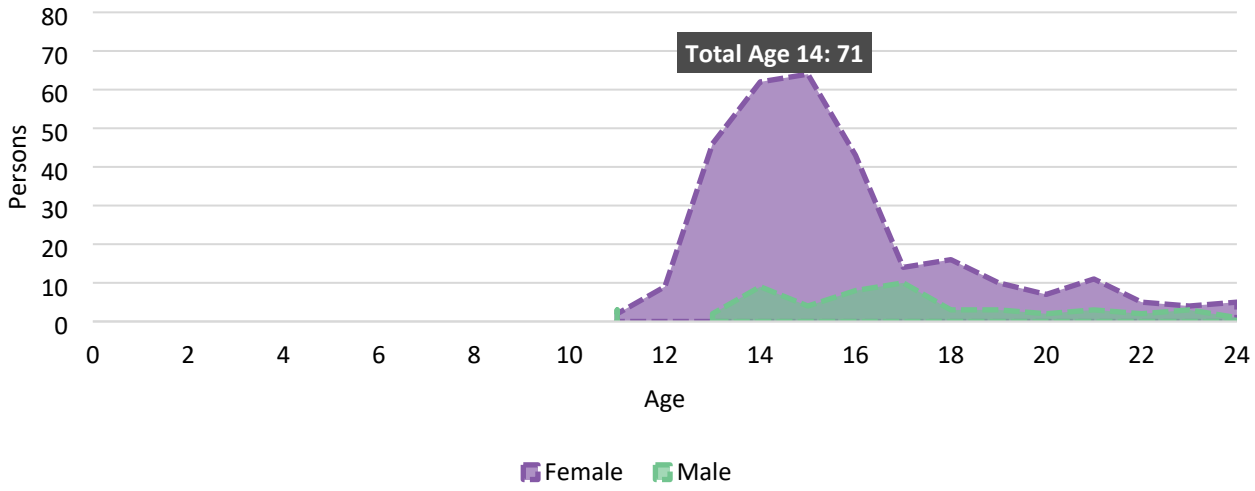
Source: Coventry and Warwickshire Partnership Trust

HOSPITALISATIONS

Self-harm is when a person hurts themselves as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences[255]. There are many different ways people can self-harm, including cutting or burning their skin, punching or hitting themselves, poisoning themselves with tablets or toxic chemicals, misusing alcohol or drugs, deliberately starving themselves or binge eating, and exercising too much[256]. These injuries may lead to a person needing urgent medical intention, including attending A&E or hospital.

Figure 70 shows the number of children and young people being admitted in acute settings having self harmed in 2021/22, with a peak at age 14 with 71 admissions. The admissions are female dominated, particularly between the ages of 13-16, with just over 60 of the 71 admissions at age 14 being for females.

Figure 67: Acute Admitters with Self-harm 2021/22



Source: Mental Health Services Data Set

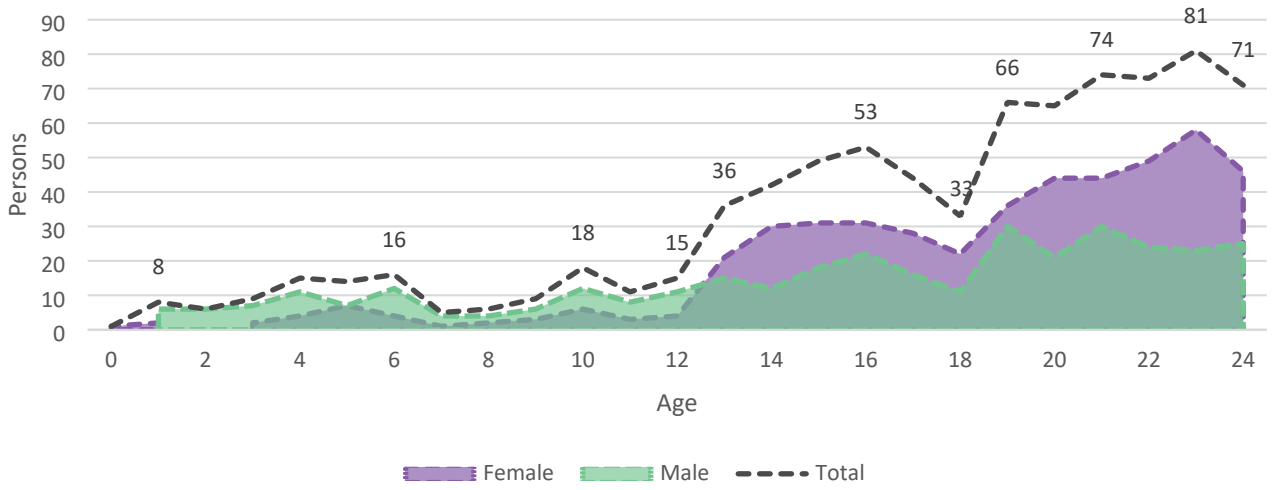
Figure 71 shows the number of acute admissions for children and young people with a mental disorder diagnosis in 2021/22. There is a steady increase for males, whilst females see a particularly increase between the ages of 12–14. As a totality, there is a significant increase

[255] https://www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/about-self-harm/ (accessed March 2023)

[256] https://www2.hse.ie/conditions/self-harm/ (accessed March 2023)

from ages 12–16, followed by a slight reduction to age 18, with the highest number of admissions happening between the ages of 18-24.

Figure 68: Acute Admitters with Mental Disorder Diagnosis 2021/22



Source: Mental Health Services Data Set

Table 14 looks at the reasons for admission broken down by age for self-harm and mental disorder. Out of 352 admissions for self-harm, 303 of those were from intentional self-poisoning, with 209 (59% of all self-harm admissions) of those being intentional self-poisoning by and exposure to non-opioid analgesics, antipyretics, and antirheumatics - examples of which include paracetamol, ibuprofen, aspirin, and steroids. Of these 209 admissions, a total of 186 (89%) are reported as 4-amniophenol derivatives which includes paracetamol: this equates to 52.8% of all self-harm admissions.

During March 2023 CWPT are collating the source of paracetamols for children and young people following a rise in children and young people presenting at A&E and on wards with paracetamol overdose. This includes details on where the paracetamol was obtained, for example whether it was bought from stores (there is no legal age limit), or from home.

Table 14: Warwickshire Residents Aged 0-24 with an Admission in 2021/22						
Reason for Admission	**Age 0-4**	**Age 5-10**	**Age 11-17**	**Age 18-24**	**Total Admitters**	**Total Admissions**
Self Harm					**352**	**456**
Intentional Self Poisoning	0	0	229	74	303	394
Intentional Self-Harm	0	0	48	1	49	62
Mental Disorder					**821**	**1055**
Disorder due to psychoactive substance use	0	0	42	182	224	278
Mood affective, neurotic, stress related and somatoform disorders	0	7	88	227	322	405
Personality and behaviour, schizophrenia, schizotypal and delusional disorders	2	4	34	12	52	70
Psychological development and behavioural/emotional disorders with onset usually by adolescence	35	54	78	37	204	278
Organic or other unspecified mental disorders	2	3	8	6	19	24
Total	**39**	**68**	**527**	**539**	**1,173**	**1,511**

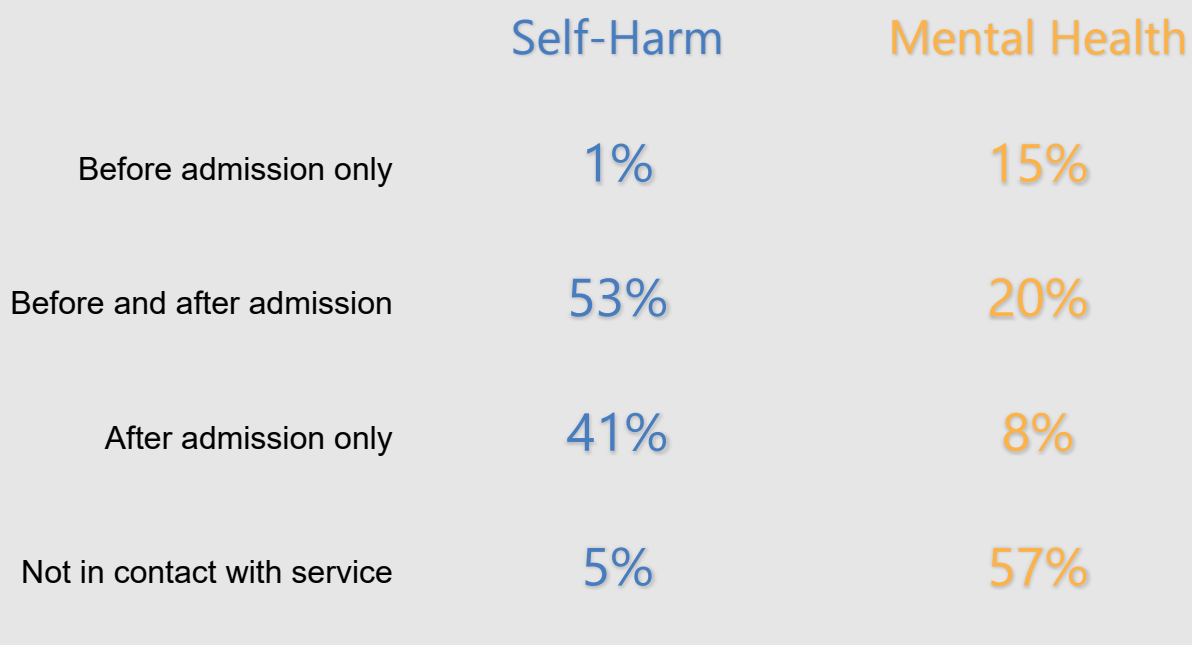
Figure 72 shows the percentage of children and young people who had contact with a secondary mental health service before, before and after, after, or not at all around their first admission for self-harm and mental health. 41% of those admitted for self-harm had contact only after their admission. It is unknown if these 41% were receiving support elsewhere, however it does highlight a system wide approach to identifying those at risk to self-harm.

65% of those admitted with a mental health diagnosis where not known by a secondary mental health service before their first admission, with 57% not being in contact with a mental health service before or after their first admission. This raises questions about whether they

should have been encouraged to contact a mental health service after their admission, and if so, why they did not make that contact, or were they being supported elsewhere. It once again highlights the importance of a system wide approach to understanding and supporting mental health in children and young people.

Figure 69: At what point young people were in contact with a secondary mental health service around their first admission

Of the young people with their first admission in 2021/22; how many were in contact with secondary mental health services, and at what point?



Source: Mental Health Services Data Set

TIER 4 REFERRALS

CAMHS Tier 4 are specialised services that provide assessment and treatment for children and young people with emotional, behavioural, or mental health difficulties, and are commissioned by NHS England. Referral to a Tier 4 CAMHS General Adolescent Service must be from Rise or community adult mental health services and must follow the National Referral and Access Process (Form 1 and Form 2).

Tier 4 CAMHS services in England offer 4 options of support:

Medium Secure Services: accommodate young people with mental and neurodevelopmental disorders (including learning disability and autism) who present with the highest levels of risk of harm to others including those who have committed grave crimes.

Low Secure Services: accommodate young people with mental and neurodevelopmental disorders at lower but significant levels of physical, relational, and procedural security.

Psychiatric Intensive Care Units (PICU): manage short-term behavioural disturbance which cannot be contained within a Tier 4 CAMHS general adolescent service. Behaviours will include serious risk of either suicide, absconding with a significant threat to safety, aggression, or vulnerability due to agitation or sexual disinhibition.

General Adolescent Services: provide inpatient care without the need for enhanced physical or procedural security measures.

In October 2022, a review of CAMHS Tier 4 referrals took place across the East and West Midlands by NHS England Midlands. The review aimed to show the needs of young people in crisis and their families, to better understand what support is needed as part of the referral management process. The review took the last 10 referrals that were admitted to the General Adolescent Unit (GAU), Psychiatric Intensive Care Units (PICU), and Low Secure Units (LSU) (30 in total), as well as the last 5 referrals that were not admitted. The review found that in the West Midlands:

- **63%** of the cases were female.
- **37%** of the cases were 17 years old.
- **30%** of the cases were admitted following a suicide attempt or assessed as being very high risk of suicide.
- **40%** had a diagnosis of autism.
- **80%** were subject to a Mental Health Act section.

Table 15 shows the breakdown of case location by ICS region, with Coventry and Warwickshire ICS having the second highest percentage of cases.

Table 15: Cases admitted by ICS region

ICS Region	Percentage of total West Midlands cases
Birmingham and Solihull	27%
Coventry and Warwickshire	23%
Staffordshire and Stoke on Trent	20%
Black Country and West Birmingham	13%
Herefordshire and Worcestershire	10%
Shropshire, Telford, and Wrekin	7%

Source: NHS England

Several themes were identified around reasons for referral and background and social factors, which are shown in Table 16.

Table 16: Reasons for Referral	
Theme 1: Suicide	• Attempted suicide, or high risk of suicide, was the most common reason for referral. • In these cases the young person had either made an attempt to end their lives, or they had expressed a strong desire and plan. • Family members often reported that they did not feel they could keep their child safe, even taking extreme measures (sleeping in the same bed, not going to work). This could lead to parent/carer burnout.
Theme 2: Assessment and treatment	• Assessment and treatment were the next most common reasons for referral. • Further detail in the referrals suggested the young person required a safe and secure setting to conduct a thorough assessment and/or commence treatment.

	• Several cases mentioned a suspected first episode of psychosis which required assessment, diagnosis, and commencement of medication.
Theme 3: Safety	• 13% of all cases (East and West Midlands) were referred to ensure the safety of the young person, or those around them. This often related to self-harming behaviour or unpredictable violence and aggression. • The safety of staff on wards was also an issue in some cases, with staff members being injured during episodes of restraint. • The safety of other young people on these wards should also be considered, in light of observing self-harming and aggressive behaviour and the possible increase in this behaviour amongst other inpatients.
Background and Social Factors	
Theme 1: Family Support	• In 83% of all cases, the young person referred was living at home and in most cases family members were noted to be supportive and engaged in the care of the young person. • Family members also reported stress and difficulty managing challenging behaviours in most cases, and a fear of no longer being able to keep their child safe.
Theme 2: Learning disabilities and autism	• Autism was noted in 40% of West Midlands cases. • Learning disability was only noted in 5% of cases.
Theme 3: Safeguarding	• Safeguarding risks to the young person were noted in 48% of all cases. Bullying and exploitation were noted in a small number. • Safeguarding risks to others were noted in 17% of all cases, most often around violence/aggression towards family members.

Theme 4: Forensic History	NB: forensic history in this context means some contact with police or youth offending teams. • Forensic history rates in all cases were low (18%) and where there was a history of interaction with police, in all cases there had been no charges laid to date.
Theme 5: Social Isolation	• In 23% of all cases, it was noted that the young person had limited or no social support. • In most of the remaining cases, family (largely parents) were noted as the social support. • Several cases note that behaviour had deteriorated since COVID lockdown, and that disengagement from school (often linked to lockdown) had impacted negatively on behaviour and mood.

SUICIDE

The death of a child by suicide is an unimaginable tragedy, with every life lost having a devastating effect on friends and family. Those who self-harm are particularly vulnerable and at greater risk of suicide, and 50% of people who die by suicide have a history of self-harm; in many cases with an episode shortly before their death[257]. The *'Local Suicide Prevention Planning'* resource published by Public Health England[258] supports local authority public health teams to develop a local suicide prevention strategy. These have a particular focus on reducing risk in men, preventing, and responding to self-harm including services for young people in crisis, the mental health of children and young people, and bereavement support for people bereaved by suicide.

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257 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/939479/PHE_LA_Guidance_25_Nov.pdf (accessed September 2022)

258 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/939479/PHE_LA_Guidance_25_Nov.pdf (accessed September 2022)

Coventry and Warwickshire Child Death Overview Panel (CDOP) have consolidated learning from cases reviewed at panel into 2 imagined case studies for this JSNA. These cases are based on circumstances seen by the panel and highlight the complexity of factors that can exist when a child or young person loses their life to suicide. The 2 case studies have been given the names Josie and Luke.

Josie

Josie was a 16-year-old girl from Warwickshire. She had spent her life growing up in a wealthy environment and family background, where she attended private school alongside her younger brother. At a young age, Josie had been involved in a traumatic accident whereby she had suffered from a significant brain injury. Although she had fully recovered, it had later left her suffering from several mental health issues, including severe anxiety and PTSD. This had resulted in an early CAMHS referral at 13 years old, where she had continued engagement with mental health services. This had led to absence from school and subsequent deviancy, with interventions from a school perspective being missed.

Josie had also been hiding her sexuality from her family. From the age of 14 she had been in a relationship with another girl, who was 5 years older than her, and unknown to Josie's friendship circle. This relationship had been coercive and financially abusive, with Josie falling victim to exploitation for her trust fund. Her partner had come from a very conflicted background, growing up in foster care and heavily involved in social care. She had a solid understanding of social housing and used this to take advantage of Josie and her wealth. Across the course of their 2-year relationship, Josie's behaviour at home had become increasingly erratic, where she would have missing episodes, where it was believed she would run away with her partner. More recently, these episodes became longer, and she eventually ended up moving in with her partner in an unstable living environment. Despite her parents trying to maintain continuous contact and having sent a number of referrals to social care, Josie had not returned any calls for 2 weeks.

Social care had had little contact with the police in the area, and her case was not classified as a high-risk missing case due to her remaining in the care with someone over the age of 18. Unfortunately, these missed opportunities and lack of communications between services had meant that there had been no contact with Josie for several days. She was found in a public place alongside her partner having suffered an overdose.

Luke

Luke was 17 when he lost his life due to suicide in 2019. During this time Luke was staying in independent living accommodation within Warwickshire, following 3 years within a foster setting. On the evening Luke died he had been heard having an argument with his mother, whom he still had contact with, by one of the accommodation staff. He was seen crying in the lounge area later that same evening. Following this he retired to his room, where music was heard playing. The music continued until 11pm when staff went to check on him and ask for the music to be turned off, when sadly they found he had died via hanging in his bedroom. A note was left on his bed, police were called.

Luke had a turbulent family history with his father and mother having an opioid addiction. There had been considerable domestic abuse that he and his brother had witnessed since an early age. In 2015, at the age of 13 Luke had been accused of sexually abusing his younger brother, this led to a foster care placement and supervised familial contact. Luke had flourished within foster care, maintained a job from the age of 16 and achieved good educational results. He left foster care 3 months prior to his death as the family had divorced and felt they could no longer place him. He had found settling into the independent accommodation quite hard after being placed within a family environment prior to this.

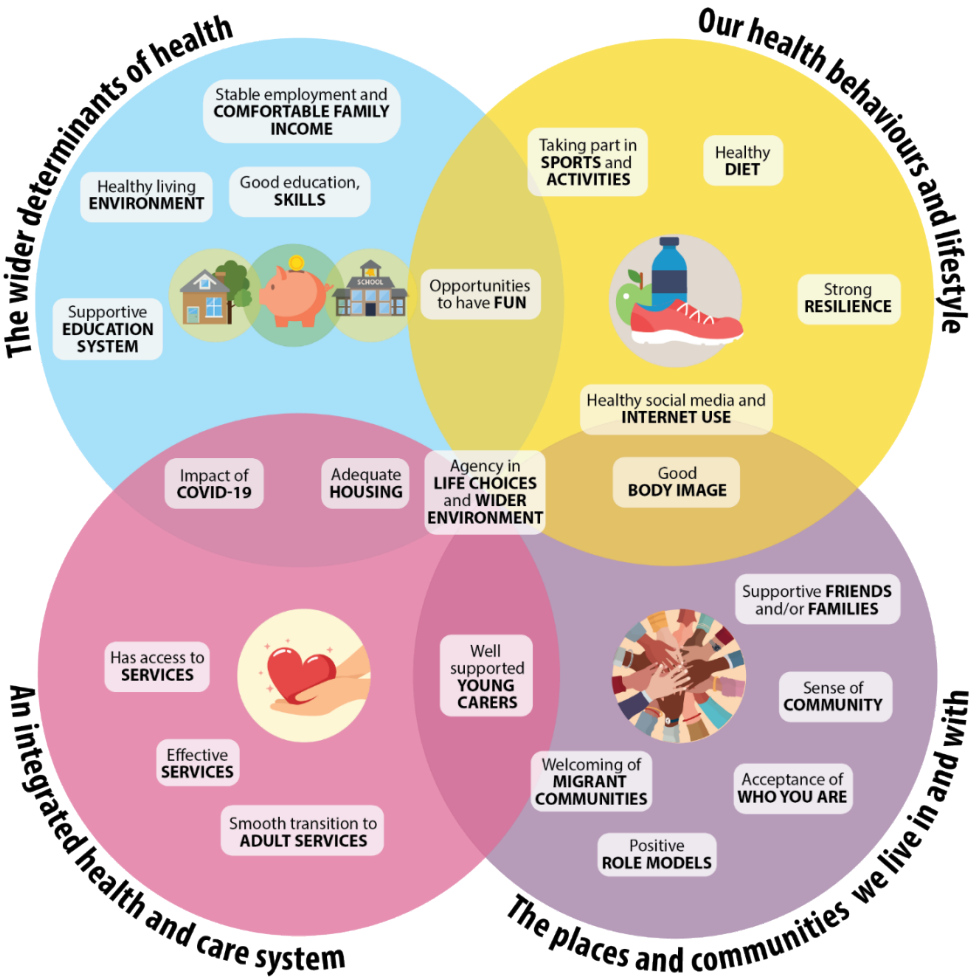
The day prior to his death he had been spending time with friends and attempted to sneak one into his room in the care setting he lived in. Luke and his friends had been observed with powder around their faces on the day prior to his death and Luke had been very sick. Luke's friend was asked to leave following the incident. 3 months prior to this Luke had entered the care accommodation with over £3000 of savings which was spent over the course of 8 weeks. There are accounts stating that it was being spent on himself, friends, and drugs. Luke would frequently give his bank card to new friends and allow them to spend money, at times this accounted for considerable sums he did not seem aware of. Luke had told these friends that he intended on dying by suicide, only one tried to raise this concern to a member of staff at the accommodation.

As highlighted in these case studies there are often a range of factors that lead to losing a child to suicide. Understanding and addressing these factors is crucial in helping to prevent future loss. These factors may not always flag a child or young person as being in crisis, and each individual will react to these factors differently. It is therefore important that there is a combined effort between communities and services who work with children and young people to approach suicide awareness, and support those who may be struggling.

CONCLUSION

This report has highlighted factors responsible for poor mental health and wellbeing in infants children and young people, as well as its consequences. In order to improve mental health we also need to understand protective factors and what improves the mental health of this age group in Warwickshire. This is set out in Figure X and shown using the same Kings Fund model from Figure 73.

Figure 70: Vision for Children and Young People Population Health System



Source: Kings Fund and WCC

This vision for population health is considered in terms of the four interconnecting pillars:

- According to The Kings Fund there is now a wealth of evidence that the **wider determinants of health** are the most important driver of health. Family income,

adequate housing and a healthy living environment, as well as a supportive education system and access to a good education are key building blocks for a child and young person's wellbeing.

- **Our health behaviours and lifestyles** are the second most important driver of health. This JSNA highlights the important of diet, sports and activities, resilience, positive internet use and good body image. Importantly the significance of opportunities for children and young people to have fun and enjoy their lives leading to good mental health.
- There is now increasing recognition of the key role that **places and communities** play in our health. The local environment is an important influence on our children's and young people's health behaviours. There is strong evidence of the impact of social relationships and community networks, including on mental health. Having supportive friends and family, a sense of community, and access to positive role models all help guide and support a child and young person in their life. It is important Warwickshire continues to work to build communities that welcome migrant populations and provides good support to young carers.
- Recent years have seen a strong focus on developing an **integrated health and care system**. This reflects the need for children and young people and their families to have access to effective services in a timely manner. Preventative services which are tailored to individual need, including smooth transitions from child to adult services have been identified as recommendations in this document. There is a need to integrate health and care services around their needs rather than within organisational silos.

Finally, the pillars intersect around the vision of supporting children and young people in Warwickshire to have wider agency in life choices and their wider environment. The importance of co-creation is a key recommendation within this JSNA.

This JSNA hopes the recommendations and this vision provides one blueprint for a thriving population of children and young people in Warwickshire.

APPENDICES

APPENDIX 1: THE VOICE OF CHILDREN AND YOUNG PEOPLE IN WARWICKSHIRE

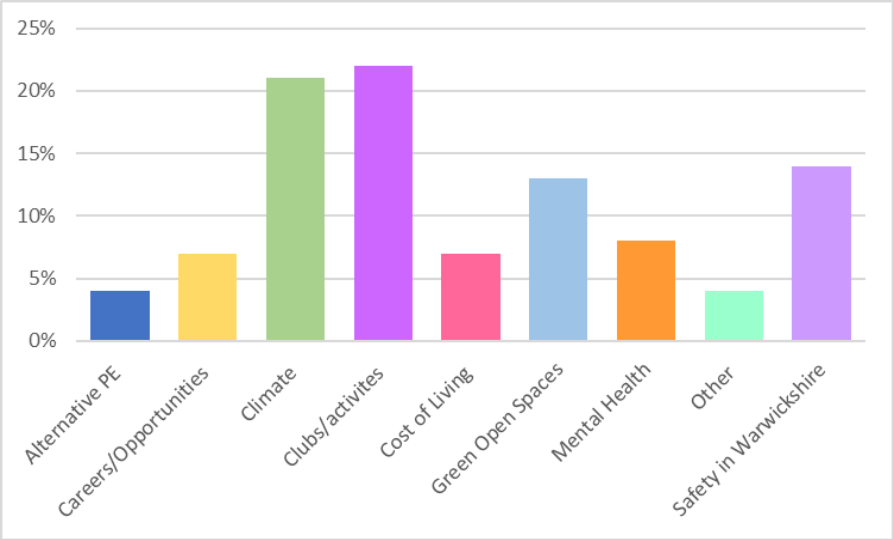
To ensure the voice of children and young people in Warwickshire is reflected within this JSNA a sub-group was set up to explore, map, and identify key themes from engagement work done across the council with the 0-25 population. This reflection will ensure that the JSNA sets to inform and direct with the wishes of children and young people at its centre.

Warwickshire Youth Council members represent the views and voice of children and young people living in Warwickshire. It is their job to ensure that children and young people's views are heard. The Youth Council have recently identified the following recommendations that all have an impact on mental health as explored in the Thriving chapter of this JSNA:

- **Climate Change** – The Youth Council's recommendations is that councils within Warwickshire work closely with the private sector to promote sustainable growth. Trying to encourage as many people as possible to work together for change.
- **Youth Homelessness** – The Youth Council's recommendation is more support with information about hidden homelessness such as people who sofa surf. Being able to access the support and knowing how to access it.
- **Jobs & Careers** – The Youth Council's recommendation is that more up to date and relevant information is made available to young people in a simple way, to help them explore and understand the variety of opportunities and offer skills and support to plan and prepare for a rapidly changing future job market. Realistic advice around all jobs not just those that are most talked about i.e., doctor, engineer, accountant. More focus on what young people enjoy/prioritise as individuals.
- **Mental Health & Wellbeing** – The Youth Council's recommendation is that there is better information, with better publicity and promotion, in one place that young people can visit to understand what support is available to them and how to access it. Trusting that young people know their mental health and if they need support. Ensuring young people don't feel patronised when asking for help.
- **Respectful Relationships** – The Youth Council's recommendation would be to offer more information on how young people can better manage peer pressure. How to identify an unhealthy relationship i.e., manipulative. Different types of contraception being more easily accessible for young people.

Child Friendly Warwickshire works with children and young people as well as businesses, community groups, and council services to help make Warwickshire as safe, stable, and full of opportunity for young people as possible. Child Friendly Warwickshire utilised the Dialogue platform to ask children and young people in Warwickshire "how can we help make Warwickshire more child friendly?". Figure 74 shows the main themes from that consultation.

Figure 71: Responses to "How can we make Warwickshire more Child Friendly?"



Source: Child Friendly Warwickshire

The main themes that came out of the consultation can be broken down further:

More clubs and activities (22%) • Youth groups clubs • Activities outside of school • Places to meet new people/friends	**Climate change awareness (21%)** • Help improve the environment • Reduce littering • Reduce pollution • Learn how to prevent climate change
Safety in Warwickshire (14%) • Visibility of Police • Bullying • Feel safer walking in the streets	**Green Open Spaces (13%)** • Parks: Cleaner, more equipment, one closer to home • More open spaces to play • Plant more trees
Mental Health (8%)	**Careers/Opportunities (7%)**

• Bullying • Peer to peer support • Learn where young people can get help/speak about mental health • Raise awareness of services	• Learn more about apprenticeship/work opportunities • Careers in Warwickshire • Work experience • Everyone to receive a great education
Cost of Living (7%) • Helping those with less • Keep houses warm in winter • Learn how a young person can save/be good with money	

The COVID-19 pandemic has had an unprecedented impact on children and young people, particularly their mental health. In its wake, Compassionate Communities have been running Story Circles with children and young people aged 11+ to understand their experiences of the pandemic and how this has changed or affected them. The following are key themes drawn out from this engagement:

- The impact of disruption to education
- Uncertainty, loss, and processing death
- Isolation
- COVID anxiety
- The value of family and connections
- Frustration and powerlessness
- A loss of confidence
- A loss of motivation
- The challenges and joys of getting back to meeting people face-to-face
- An increase in mental health challenges
- Uncertainty around their financial future

Compassionate Communities also used Story Circles to explore the power of community with those aged 18+. Community support and resilience can be a great protective factor to support

children and young people's mental health and will be explored further in the Thriving chapter of this JSNA. The following key themes came out of this engagement:

- The power of communities can help to break social stigmas.
- Communities can have a large emotional impact and can help raise awareness for issues.
- COVID has shown how insecure life can be, particularly financially, with communities helping to support a financial future when these times are harder.

The Care Leavers Forum offers an opportunity to meet with other young people leaving care and discuss issues important to them and make changes to council services. The forum identified that they needed to get more regular and consistent mental health support, as well as more help for those feeling isolated and alone.

The Children in Care Council offers an opportunity to meet with other young people in care and discuss issues important to them and make changes to council services. They recently identified several areas that needed improving, the following of which relate strongly to mental health:

- More support with self-harm
- More support from schools
- More support with LGBTQ+
- Help understanding transitions i.e. what happens when you go to college/university
- More time building support networks such as more family time, meeting carers before being placed in their home, and more opportunities to make friendships.

IMPACT, the Young Person's Forum for SEND, meets online on the 3rd Thursday of every month. It provides an opportunity for young people aged 13-25 years with SEND to have their say and influence support in Warwickshire. They have recently identified things that need improving:

We need SEND friendly settings:

- Where young people get the support that they need
- Jobs for young people with SEND
- Fun things to do for young people with SEND to be part of their community

We need to develop the local offer to be easy to use:

- Develop local offer based on young people's feedback
- Use Instagram to communicate to young people

We need better understanding about SEND:

- Understand what life is like for children and young people with SEND
- Meet individual needs to make things fair for young people
- Mental health is really important
- Parents and young people are happy to help with training

We need to listen to young people with SEND and involve them in what we do to have an IMPACT.

Highly Sprung Young People's group are a community-based physical theatre company who run sessions for young people from across Coventry and Warwickshire. During an engagement session with 40 young people and 10 parent/carers they were asked various questions around mental health, including "What improvements would you make to services?" The following themes came out from this question:

- More support at school – "Help at school since teachers sometimes don't understand", "Less stress from school", "Help at school", "Better understanding in teachers", "Equip teachers for mental health support", "Have more helpers at school", "Reach out and check in at school", "School needs to be fairer and accept that we have lives", "Incorporate mental health awareness into education system".
- The importance of listening to young people – "Listen to young people!!!", "Help and listen, not just tell us what you think is wrong with us", "Understand my language and listen to my interests", "In order to talk, there needs to be someone to listen", "Someone to talk to that's more casual, not a formal meeting and someone that doesn't just appear at crisis", "More options to talk that don't escalate into a full scale diagnosis, someone just saying it's okay and not label everything".
- Effort to destigmatise mental health – "More effort made to destigmatise mental health especially in the older population", "Help remove negative stigma about mental health", "Educate people to the level where they don't stigmatise MH so we can all have good lives", "More effort made to destigmatise mental health especially in the older population".
- Support for everyone, not just those with a medical diagnosis – "Make things easier for those on the spectrum even if they haven't got a diagnosis", "Support for those with no medical diagnosis", "Support for those without diagnosis but still struggle".
- Earlier intervention – "Give help earlier to people starting to feel bad before it gets to crisis point", "Regular mental health check-ups", "Prevent it at an earlier age".
- Access – "Having it available in a way that isn't going out of the way to get it", "Immediate help and no waiting", "Immediate help, no waiting lists, a place to talk with

no judgement and no immediate decisions", "Bring in more groups that can help you feel like you belong and you are safe", "Make access easier "walk in", support for day to day issues & ongoing contact in community".

- Stress – "Make things less stressful, slow stuff down, less pressure", "Make life less stressful", "Less stress from school".

They also asked "What kinds of support would you find helpful if in crisis? The following themes came out:

- Having someone to speak to who is consistent – "A person who stays the same and can talk", "Someone to talk to", "Quiet place, someone to talk to, someone who won't ask questions", "Someone I feel I'm not burdening, "Someone to talk to that won't judge me and won't be awkward, that I can just go to".
- More support at schools – "Having more people to help at school. Access to mental health tools", "School not constantly harassing me for work".
- Options for service support – "A place without being referred to CAMHS", "Similar to CAMHS but just for when we need to talk", "NHS having better therapy services for youth", "Easy, fast access to professional help, CBT and meds from day 1".
- Distractions/Activities to do – "Things to do, distraction", "Watching F1 with my dad, finding ways to deal with my problems healthily", "An opportunity to do something I enjoy, perform, make art", "Music".

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Agenda Item 5

Health and Wellbeing Board

3 May 2023

GP Services Task and Finish Review

Recommendation(s)

That the Health and Wellbeing Board comments on and approves the report of the GP Services Task and Finish Group (TFG) and considers the recommendations made for actions by the Coventry and Warwickshire health system.

1. Executive Summary

1.1 The County Council approved a motion that the Adult Social Care and Health Overview and Scrutiny Committee (OSC) review and make recommendations about the provision of health centres within Warwickshire. To undertake this review, the OSC appointed a member TFG.

1.2 A scoping exercise was undertaken to guide this review process. In order to achieve an understanding of the topic, the TFG considered written evidence and held discussions with expert contributors from the NHS. Contributions were also provided by Healthwatch Warwickshire and a co-opted representative from a district council. The review included a comprehensive presentation from the then Coventry and Warwickshire Clinical Commissioning Group (CCG) and a GP doctor who also represented the Local Medical Committee.

1.3 Attached at Appendix A is the review report. The TFG makes a series of recommendations for the Coventry and Warwickshire Integrated Care System (ICS) and for those within the remit of individual agencies. The recommendations and the rationale for each of the recommendations are reproduced below. The appended review report provides the supporting information. It includes details of the evidence heard, the stages of the review and its findings. The review report includes appendices with the scoping document, detail of the evidence heard at each session and an action plan for monitoring outcomes from the review.

1.4 The report was submitted to and approved by the commissioning Adult Social Care and Health OSC at its meeting on 15 February 2023.

Recommendation 1 - Communications Activity

1.5 That coordinated communications activity continues to be undertaken to explain to the public the revised primary care service delivery rationale. This is an area where partners in the local Integrated Care System, including councillors as community leaders and the Health and Wellbeing Board members can assist, but should rest primarily with the Integrated Care Board (ICB).

1.6 Rationale – There has been misunderstanding at both the national and local level about access to primary care services and especially general practice. The evidence found that communications activity is already planned by the former CCG. The move to an ICS provides the opportunity for further promoting a consistent message across all partners. Such communications activity should address concerns and misconceptions, explaining the revised service delivery approaches required.

Recommendation 2 – Involvement of Primary Care and Public Health in the ICS

1.7 That the ICS includes involvement at all levels of both primary care and Public Health, especially as the new arrangements embed. There is a periodic monitoring role for the commissioning Adult Social Care and Health OSC post-implementation to ensure adequacy of representation.

1.8 Rationale – Evidence from this review showed the value of broad input from Primary Care and Public Health at all levels. The ICS is a complex structure with many tiers and organisations involved. There is a close interrelationship between primary and secondary healthcare services, especially when patients are discharged from an acute hospital to community settings. Public Health has broad experience and can contribute to discussions at all levels. There is value in ensuring that these bodies are represented at all levels of the ICS and this can be monitored periodically by elected scrutiny members.

Recommendation 3 – Monitoring Patient Involvement in Decision Making

1.9 That the Adult Social Care and Health OSC undertakes periodic monitoring around patient/resident involvement in the new ICS. There were perceived concerns that decision making may be moving away from the patient, which is not the intention.

1.10 Rationale – During the evidence gathering this was identified as an area for future monitoring, to ensure that the many tiers and complex structures involved in the ICS do not reduce patient involvement in decision making. There is a periodic monitoring role for the elected scrutiny members and Healthwatch Warwickshire. There is a role for the ICS to consider wider people engagement. The patient engagement function is important from a primary care perspective and there needs to be a mechanism for this to report into the ICS.

Recommendation 4 – Monitoring of Future Estates Provision

1.11 That periodic engagement is undertaken with the Integrated Care Board (as the body responsible for commissioning of general practice services and, associated with this, general practice estate planning and infrastructure delivery) to understand the delivery progress of its general practice estate programme.

1.12 Rationale – The key strand of this review is to ensure adequate provision of health centres to meet the needs of a growing and aging Warwickshire population. The estates data supplied by the ICB showed the GP practices within each Primary Care

Network (PCN), the known housing developments, completed infrastructure development projects (a mixture of new build and extension projects) and proposals to provide additional capacity. It did show for the majority of PCN areas that the PCN total clinical rooms is currently less than the estimated future (2031) requirement and therefore there is planning and infrastructure delivery work underway to address the shortfall. The ICB provided extensive evidence regarding the systematic approach that it takes in relation to estate planning. However, the mechanisms for the release of funding linked to development for provision of new and extended health facilities are complex. There are two processes known as Section 106 agreements and the Community Infrastructure Levy. This is an area where councillors can bring influence through the planning process. There is a finite resource available from developer contributions for health and other services. This may cause competition between different health services, upstream preventative measures and other infrastructure sought from developer contributions. A coordinated and prioritised approach to the use of such funding would be helpful. Periodic monitoring of capacity by the scrutiny committee is also advocated, seeking updates from the ICB.

2 Financial Implications

2.1 There are no direct financial implications for the Board arising from this review report.

3 Environmental Implications

None.

4 Timescales associated with the decision and next steps

4.1 Subject to approval of the review report, there will be periodic monitoring by the Adult Social Care and Health OSC of the implementation of the associated action plan.

Appendices

Appendix 1- Review Report

Background Papers

None

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Report Author	Paul Spencer	paulspencer@warwickshire.gov.uk Tel: 01926 418615
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Strategic Director	Nigel Minns, Strategic Director for People	nigelminns@warwickshire.gov.uk
Portfolio Holder	Councillor Margaret Bell, Portfolio Holder for Adult Social Care & Health	

The report was circulated to the following members prior to publication:

Local Member(s): None
Other members: Councillors Bell, Drew, Golby, Holland and Rolfe.

GP SERVICES
TASK AND FINISH GROUP
DRAFT REPORT

December 2022

Working for Warwickshire

CONTENTS **PAGE**

Appendices

1.0 Introduction

1.1 Executive Summary

Through this review process, members have considered written information, presentations and held three evidence gathering sessions, with representatives from a wide range of organisations. This resultant report proposes a number of recommendations which will be submitted to the Adult Social Care and Health Overview and Scrutiny Committee, to Cabinet, the Warwickshire Health and Wellbeing Board and to partner organisations for them to consider. The recommendations can be seen at Section 2 (Page 6 onwards).

1.2 Appointment

The County Council approved a motion that the Adult Social Care and Health Overview and Scrutiny Committee (ASC&H OSC) review and make recommendations about the provision of health centres within Warwickshire. The Clinical Commissioning Group (CCG) was asked as part of the motion to share with the Council its work on the provision of health facilities across the County. It should be noted that national changes were implemented during the period of this review, which replaced Clinical Commissioning Groups with Integrated Care Systems. For references to the CCG within this report, the responsible body is now the Integrated Care Board (ICB).

To undertake this, the OSC appointed a member task and finish group (TFG). The membership of the group included a co-optee of a district/ borough council from Warwick District Council (WDC). Participation in the group's discussions included representatives of the Coventry and Warwickshire Clinical Commissioning Group (C&WCG), Healthwatch Warwickshire (HWW) and representatives of the Local Medical Committee (LMC).

A scoping exercise was undertaken resulting in the scoping document attached at Appendix A to this report.

1.3 Members and Contributors

The members appointed to the Task and Finish Group were Councillors Richard Baxter-Payne, Judy Falp, John Holland, John Horner, Marian Humphreys, Jerry Roodhouse and Mandy Tromans. Councillor Pam Redford (WDC) was co-opted onto this review.

The Task and Finish Group was supported by the Strategic Director of the People Directorate, two officers from Public Health (PH) and Democratic Services. External support was provided by the C&WCCG, HWW and the LMC.

1.4 Evidence

In order to achieve an understanding of the review topic, the TFG considered both primary and secondary evidence from a range of sources. This included circulation of the previous review report from 2018. One of the evidence sessions included a comprehensive presentation, delivered jointly by the CCG and LMC. In Section 3 of this report (from page 8) more details are provided of the evidence heard.

1.5 Dates and Timescales

Stage 1: A meeting to consider the review's scope (See Appendix A) – November 2021.

Stage 2: Consideration of primary evidence, through presentations, questioning and more general discussion over two meetings held in February and May 2022. Additionally, information was circulated on the NHS primary care estates linked to new residential developments.

Stage 3: The consideration of conclusions and recommendations from this Task and Finish Group (TFG) – 7 December 2022

Stage 4: Approval of the final TFG report by the Adult Social Care and Health Overview and Scrutiny Committee – Consideration by Committee 15th February 2023.

Stage 5: Presentation of the TFG report to Cabinet and the Warwickshire Health and Wellbeing Board – 18 April and 3 May 2023 respectively.

2.0 Recommendations

The TFG make a series of recommendations for the Coventry and Warwickshire Integrated Care System (ICS) and those within the remit of individual agencies. The rationale for each of the recommendations is summarised below. Subsequent sections of the report and appendices provide the detail which supports these recommendations.

Recommendation 1 - Communications Activity

1. That coordinated communications activity continues to be undertaken to explain to the public the revised primary care service delivery rationale. This is an area where partners in the local Integrated Care System, including councillors as community leaders and the Health and Wellbeing Board members can assist, but should rest primarily with the Integrated Care Board.

Rationale – There has been misunderstanding at both the national and local level about access to primary care services and especially general practice (GP). The evidence found that communications activity is already planned by the former CCG. The move to an ICS provides the opportunity for further promoting a consistent message across all partners. Such communications activity should address concerns and misconceptions, explaining the revised service delivery approaches required.

Recommendation 2 – Involvement of Primary Care and Public Health in the ICS

2. That the ICS includes involvement at all levels of both primary care and Public Health, especially as the new arrangements embed. There is a periodic monitoring role for the commissioning Adult Social Care and Health OSC post-implementation to ensure adequacy of representation.

Rationale – Evidence from this review showed the value of broad input from Primary Care and Public Health at all levels. The ICS is a complex structure with many tiers and organisations involved. There is a close interrelationship between primary and secondary healthcare services, especially when patients are discharged from an acute hospital to community settings. Public Health has broad experience and can contribute to discussions at all levels. There is value in ensuring that these bodies are represented at all levels of the ICS and this can be monitored periodically by elected scrutiny members.

Recommendation 3 – Monitoring Patient Involvement in Decision Making

3. That the Adult Social Care and Health OSC undertakes periodic monitoring around patient/resident involvement in the new ICS. There were perceived concerns that decision making may be moving away from the patient, which is not the intention.

Rationale – During the evidence gathering this was identified as an area for future monitoring, to ensure that the many tiers and complex structures involved in the ICS do not reduce patient involvement in decision making. There is a periodic monitoring role for the elected scrutiny members and Healthwatch Warwickshire. There is a role for the ICS to consider wider people engagement. The patient engagement function is important from a primary care perspective and there needs to be a mechanism for this to report into the ICS.

Recommendation 4 – Monitoring of Future Estates Provision

4. That periodic engagement is undertaken with the Integrated Care Board (as the body responsible for commissioning of general practice services and, associated with this, general practice estate planning and infrastructure delivery) to understand the delivery progress of its general practice estate programme.

Rationale – The key strand of this review is to ensure adequate provision of health centres to meet the needs of a growing and aging Warwickshire population. The estates data supplied by the ICB showed the GP practices within each Primary Care Network (PCN), the known housing developments, completed infrastructure development projects (a mixture of new build and extension projects) and proposals to provide additional capacity. It did show for the majority of PCN areas that the PCN total clinical rooms is currently less than the estimated future (2031) requirement and therefore there is planning and infrastructure delivery work underway to address the shortfall. The ICB provided extensive evidence regarding the systematic approach that it takes in relation to estate planning. However, the mechanisms for the release of funding linked to development for provision of new and extended health facilities are complex. There are two processes known as Section 106 agreements and the Community Infrastructure Levy. This is an area where councillors can bring influence through the planning process. There is a finite resource available from developer contributions for health and other services. This may cause competition between different health services, upstream preventative measures and other infrastructure sought from developer contributions. A coordinated and prioritised approach to the use of such funding would be helpful. Periodic monitoring of capacity by the scrutiny committee is also advocated, seeking updates from the ICB.

3.0 Overview

3.1 Background

At its meeting in March 2021, the County Council approved a motion that the ASC&H OSC review and make recommendations about the provision of health centres within Warwickshire. The CCG was asked as part of the motion to share with the Council its work on the provision of health facilities across the County.

The ASC&H OSC commissioned this task and finish group (TFG) to undertake the requested review and to make recommendations about the provision of Health Centres within Warwickshire.

3.2 Objectives

The objectives of this review were to establish a clear picture of current provision of primary care to enable needs and evidence-based planning for the health centres across Warwickshire including proposals for addressing any access issues. A copy of the full scope for the review is attached at Appendix A.

3.3 Context

Significant national changes coincided with the period of this review, not least the move to an Integrated Care System (ICS) and ongoing discussions as these arrangements embed. Additionally, there are the NHS Long Term Plan and the recently published Dr Claire Fuller review, commissioned by NHS England to assess how newly formed ICSs and primary care can work together to improve care for patients.

3.4 Acknowledgements

The TFG value the significant input to this review from Officers of the C&WCCG, GP representatives of the LMC and Healthwatch. Members also wish to place on record their thanks for the WCC Officer support.

4.0 Detailed Findings

4.1 Secondary Evidence

A copy of the review report from the 2018 TFG was provided as background at the commencement of the review. A joint presentation was provided by the C&WCCG and LMC. This was subsequently updated to include more information on estates capacity linked to known population growth through additional residential development.

4.2 Primary Evidence

The TFG invited contributions through evidence gathering sessions. The detailed report of each session is provided at Appendix B (from page 16):

29 November	The focus for the first meeting was scoping of the review. The outcomes were to finalise the scope at the subsequent meeting, also for Public Health and CCG Officers to compile a range of information for consideration at that meeting.
28 February	Further discussion of the review's scope with context from a GP perspective provided by the LMC. An outcome of minor changes to the review's final scope. It was agreed to provide a data session including demographics, population data, capacity and GP numbers. It was planned to visit a health centre in Wellesbourne. Finding a mutually convenient date for said visit proved problematic.
25 May	A comprehensive presentation delivered jointly by the CCG and LMC to provide evidence and respond to member questioning. An outcome from this session was the need for more estates data around capacity.

5.0 Findings and Conclusions

5.1 Overview

The key finding from this work is a much deeper understanding of the way that GP services are commissioned and configured. GP Services are private businesses and provide services in accordance with the framework of NHS requirements. The detail of the research is shown in Appendix B (from Page 16). These conclusions and the recommendations at Section 2 suggest providing support, influence and future monitoring of health centre provision as the new integrated care arrangements embed.

During the scoping of this review, it became evident that there are many interrelated service areas and it is challenging to focus on parts of the health system in isolation.

5.2 Findings from Evidence Sessions

5.2.1 The key evidence session took the form of a joint presentation from the C&WCCG officers and GP doctors from the LMC which included:

- Overview of general practice landscape in Coventry and Warwickshire
- Overview of national policy impacting general practice

- Impact of Covid-19 pandemic on general practice
- Improving timely access to general practice as a national and local priority
- Workforce
- General Practice Estate Planning and Infrastructure Delivery

5.2.2 The learning points from this evidence:

- The remit was a focus on the provision of health centres within Warwickshire. It is the people and services which are provided from these centres that are key.
- There is a need to manage increasing demand, with reducing resources, through working at scale. The public 'ask' of a patient centred approach and continuity of care by the same GP does not fit with the capacity challenges. There is a need for triage to other clinicians and for different methods of delivery than just 'face to face' appointments.
- Tensions are created between commissioners and patient expectation, due to the move to working at scale, as well as political and media messaging, not least the campaign to drive face to face access, which conflicts with the national guidance to increase digital access.
- There are several tiers and many bodies involved in the commissioning and delivery of health services. It is a complex structure, with significant new arrangements from the move to an ICS. In Warwickshire there are three Warwickshire 'Places' (North, Rugby and South) and more locally Primary Care Networks (PCNs), which are groups of GP practices. Additionally, there are a number of other bodies which coordinate and oversee the local health and care system.
- Linked to the capacity challenges is a communication piece to inform the public of the reasons why they may be referred to another clinician. There will be new ways of working, an example being group consultations rather than seeing people on an individual basis. This may not suit all patients.
- Many facets of a GP's role are unseen by the media and patients. This was demonstrated by an account from the LMC of a GP's typical day and an iceberg graphic showing the many roles that went unseen.
- Disparaging comments from the media and public due to a lack of understanding is not helpful. Accounts were provided of the impact, which included clinicians leaving general practice and a proportion (30%) of local, newly qualified doctors having no intention of becoming a GP.
- There are systemic issues which impact on GP services, an example being discharge from an acute hospital setting inappropriately, requiring complex aftercare by GPs for vulnerable people at home.
- Delivery of the services patients needed, rather than those they wanted. This would be assisted by more time efficient appointments by telephone or through using video technology. A need to address the

misperceptions created by negative media coverage regarding use of such technology.

- It is evident patients have different views about their treatment. For some, access to any GP is sufficient. Some do not like telephone consultations. For others with longer-term conditions, continuity of care is more important with a preference for face-to-face appointments. There is an incremental reduction in face-to-face appointments and personal contact with the GP.
- The PCN approach has a number of benefits from working collaboratively, providing resilience and additional services.
- Infrastructure is being developed or has been put in place to support general practice to work more efficiently. An example is the 'hub' to route telephone enquiries for non-urgent matters. A single patient portal is proposed enabling patients to manage their own health enquiries, for general practice, community services or in an acute setting. The exchange of data and information will allow all parts of the health system to collaborate and coordinate services.
- A national shortage of 7,300 GPs. There are aims for recruitment and to provide 50 million additional GP appointments, but currently there is no national workforce plan to achieve this. Locally the aim is to recruit another 556 full-time equivalent roles to join the general practice workforce by March 2024. Additional roles are being recruited to as part of the PCN approach.
- The data on estate planning and capacity shows the majority of PCN areas are 'at risk' in terms of GP capacity by 2031, due to the known additional residential developments in their respective areas. This is an area for further research and monitoring. Whilst there are well-established working arrangements between the NHS and planning authorities, this is an area where councillors can bring influence to enhance the existing arrangements.

5.3 Conclusions

5.3.1 An identified need for coordinated communications activity to explain to the public the service delivery rationale. This is an area where partners in the local health and care system, including councillors as community leaders and the Health and Wellbeing Board members can assist.

5.3.2 The impact of the transition to the new ICS. A need for primary care and Public Health to be involved at all levels of the system. This could be an area for monitoring post-implementation to ensure adequacy of representation.

5.3.3 Some concerns were raised that decision making may be moving away from the patient, which is not the intention. A future action to check where decision making takes place and how patients/residents are kept involved.

5.3.4 The need for periodic engagement with the Integrated Care Board (as the body responsible for commissioning of general practice services and, associated with this, general practice estate planning and infrastructure delivery) to understand the delivery progress of its general practice estate programme, details of which were shared with the Task and Finish Group as part of the review.

6.0 Financial and Legal Implications

The views of relevant Directors/ Assistant Directors, Finance, Legal and Equalities and Diversity have been sought on this report, prior to its submission to the Adult Social Care and Health Overview and Scrutiny Committee. Their feedback is set out below.

6.1 Finance:
There are no financial implications for Warwickshire County Council as a result of this review.

6.2 Legal:
There are no legal implications for Warwickshire County Council as a result of this review.

Appendix A
Scoping Document

Review Topic (Name of review)	Provision of Health Centres within Warwickshire / GP Services
TFG Committee Members	Councillors Richard Baxter-Payne, Judy Falp, John Holland, John Horner, Marian Humphreys, Jerry Roodhouse and Mandy Tromans.
Co-option of District and Borough members (where relevant)	Councillor Pam Redford (Warwick District Council)
Key Officers / Departments	Nigel Minns, Strategic Director, People Directorate Gordan Djuric and Gemma McKinnon, Public Health
Lead Democratic Services Officer	Paul Spencer
Relevant Portfolio Holder(s)	Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health
Relevant Corporate Ambitions	Warwickshire's communities and individuals are supported to be safe, healthy and independent. Support Warwickshire residents to take responsibility for their own health and wellbeing and reduce the need for hospital or long-term health care.
Type of Review	Task and Finish Review
Timescales	To be determined.
Rationale (Key issues and/or reason for doing the review)	The County Council approved a motion that the overview and scrutiny committee review and make recommendations about the provision of health centres within Warwickshire. The Clinical Commissioning Group was asked as part of the motion to share with the Council its work on the provision of health facilities across the County.
Objectives of Review (Specify exactly what the review should achieve)	To establish a clear picture of current provision of primary care to enable needs and evidence-based planning for the health centres across Warwickshire including proposals for addressing any access issues.

Scope of the Topic (What is specifically to be included/excluded)	Include • Audit progress from the earlier review (inc. uptake on recommendations) • Take stock of current primary care provision – details of locations/number of GPs currently in all the Primary Care Networks (PCNs), estimates of the number of additional GPs needed and other workforce shortages. Consider actual demands from both a business and medical perspective, and whether there was a greater medical need for GPs. • Equity in access to services – physical access, face to face appointments, booking arrangements and addressing inequalities in the service provision • Primary care (health centres) estate and workforce planning including modelling for population growth • CCG colleagues, including Local Medical Committee members, to provide an outline of the process followed for development of new facilities and improvements to existing premises, the increasing partnership work on estate planning. Provide information on digital services, more flexible spaces, co-location and joining up of services. This could include pharmacy and social prescribing. • Modelling for population growth – share existing information and methodology used. This will include demographic changes and the aging population • What does a modern health centre look like and how does it integrate to other services such as community pharmacy? Does not include The scope needs to be tight and not lead to a wider review.
How will the public be involved? (See Public Engagement Toolkit / Flowchart)	The involvement of Healthwatch Warwickshire will ensure the patient and public voice is captured.
What site visits will be undertaken?	Planned to visit a Health Centre in Wellesbourne
How will our partners be involved? (consultation with relevant stakeholders, District / Borough reps)	This review includes participation from the Coventry and Warwickshire Clinical Commissioning Group (CCG). Seek lived experience and patient voice input from Healthwatch Warwickshire. The involvement of doctors from the Local Medical Committee. There is a co-opted representative from Warwick District Council.

How will the scrutiny achieve value for money for the Council / Council Tax payers?	There will be no additional costs incurred from undertaking this review.
What primary / new evidence is needed for the scrutiny? (What information needs to be identified / is not already available?)	Primary evidence to be sought from the Coventry and Warwickshire Clinical Commissioning Group (CCG). The involvement of doctors from the Local Medical Committee will capture a range of practical considerations. Input from Chris Bain, Chief Executive of Healthwatch Warwickshire will assist the review including feedback HWW receives and the lived experiences of patients.
What secondary / existing information will be needed? (i.e. risk register, background information, performance indicators, complaints, existing reports, legislation, central government information and reports)	Secondary evidence is available from the previous task and finish group completed in 2018. This will provide both background and a baseline for comparison. The Clinical Commissioning Group and WCC Officers to provide a pack of information for consideration by members of the group to provide additional background. This should identify gaps in information for further oral / written contributions.
Indicators of Success – (What factors would tell you what a good review should look like? What are the potential outcomes of the review e.g. service improvements, policy change, etc?)	The TFG formulates a detailed report with the outcomes from its research. Recommendations are made to the CCG and others from the findings to assist with future health centre provision and addressing identified need for services and improved access issues.
Other Work Being Undertaken (What other work is currently being undertaken in relation to this topic, and any appropriate timescales and deadlines for that work)	There is a range of work being undertaken around GP service and estates planning, led by the Clinical Commissioning Group.

Appendix B
Primary Evidence Detail

1.1 Context and Scoping – 29 November 2021

1.1.1 As part of the scoping of the review, Nigel Minns Strategic Director for the People Directorate reminded of the motion approved at Council in March 2021 with the following resolutions:

That the Council

1. Will seek with partners to shape future requirements for Health Facilities across the County and work with providers to deliver the same.

2. Requests the Adult Social Care and Health Overview and Scrutiny Committee to review and make recommendations about the provision of Health Centres within Warwickshire.

3. Asks the Clinical Commissioning Group to share with the Council its work on the provision of health facilities across the County.

1.1.2 Key areas raised on the scope of the review:

- The TFG's purpose was looking at health centre provision, working with partners, particularly the CCG to shape future health centre provision. This should provide a valuable long-term benefit influencing and shaping that provision. The TFG may be less suited to a wider review, for example looking at some of the current issues.
- The Chair of the commissioning scrutiny committee requested involvement of the LMC.
- The work of the CCG on estates planning and the significant progress made, which could be brought to the TFG. The CCG did work closely with planning authorities and the County Council using a methodology to assess population growth and to ensure infrastructure provision.
- Staffing challenges were discussed. A need for a baseline of existing services, the current number of GPs and the number of additional GPs required. Linked to this were variance in services across the county and factoring in the impact of a growing and aging population with more complex health needs. The impact on services from significant housing development in Warwickshire was referenced.
- It was hard to separate GP services from other parts of the health service. Examples raised were community pharmacy, ambulance and A&E services. Some services were used inappropriately, in part because of challenges around primary care access.
- How new health centres would be designed and utilised with a range of co-located services. Points about digital services, more flexible spaces,

pharmacy, social prescribing and in one case co-location with a Citizen's Advice Bureau.
- The differing challenges for urban and rural areas.
- The need for good communication and proper engagement with people about future service provision.

1.1.3 The outcomes from this session were:

- The feedback would be used to update the scoping document.
- WCC Officers and CCG colleagues to compile the background information requested.

1.2 Evidence Session – 28 February 2022

1.2.1 Scoping Document

Discussion of the TFG's scope, with input from Dr Tim Preece, a GP doctor and representative of the LMC. This provided further context and direct evidence of the perspective of a GP.

1.2.2 Key areas raised:

- Access issues and capacity challenges. There were many contributing factors from other parts of the NHS, a quoted example was the backlog of hospital waiting times.
- Demand had more than doubled over the previous 10-20 years. Additional work areas such as vaccinations, Public Health campaigns, hospital requirements, pressures from social services and 'tick box' exercises. It was suggested that the demand and capacity aspects should be strengthened in the scope.
- The GP workforce was reducing in real terms, when compared to population growth. This caused longer working hours, with some senior GPs leaving the service due to burnout. There was not workforce capacity to meet the health demands, let alone the additional services imposed. An example used was authorisation of a bus pass on medical grounds. There was evidence of a shortage of GP appointments equating to 17.5 full time equivalent GPs in Warwickshire. Significant financial investment was required to cover this current shortfall.
- Funding aspects, specifically the proportion of patient contacts versus share of NHS funding.

The TFG members and Officers responded to the points raised, many of which were included within the scope. It was agreed to expand the population growth aspect, to include demographic changes and the aging population. The other aspect concerned actual demands from both a business and medical perspective, and whether there was a greater medical need for GPs.

1.2.3 General discussion

Councillors contributed on the following areas:

- The differing approaches of GP practices, an example being the availability of face-to-face appointments during the pandemic.
- There were capacity challenges within Public Health, but data could be collated from other sources to inform the review. There was an in-house business intelligence service; information could be collated from communities, from district and borough councils and examples of best practice in GP surgeries sought.
- Points about public misconception of the need to see a GP, as there were other trained professionals in primary care who could assist them just as effectively. This showed a need for communication and education of the public.
- Recognition that GP practices were private businesses; each determined its own operating model.
- Significant housing development was increasing the population of Warwickshire, the associated demand for primary care services and impacting on capacity.
- Discussion about the ratio of GPs to patients, looking at the registered patient numbers at each practice and primary care services available from that practice. Further points about modelling demand and greater patient expectations. GPs were now dealing with more complex issues, as patients spent less time in an acute hospital setting, were discharged and then cared for in community settings by GPs.

CCG Officers referred to the wider reviews taking place including the move to an ICS, the general practice review and the launch of a local campaign promoting all the new roles in general practice. An outline was provided on CCG estates development work. This included new and expanded GP practices, responding to demand from new housebuilding. Warwickshire like most of the country was responding to large population growth. New facilities had been provided within the three Warwickshire ‘Places’.

Healthwatch offered a patient perspective. Access to GPs was the point raised most often. It was difficult to look at GP services in isolation and there was a need to look across the ICS as the local system. There were linked aspects including NHS111, mental health services, the Integrated Care Board, care collaboratives, the place executives and place partnerships.

1.2.4 Outcomes

Minor updates were agreed to the draft scope to include demographic changes and demand issues. Further information would be provided to the next meeting on demographics and capacity, numbers of GPs and the respective populations in each area of the County. The CCG was asked to include information on workforce plans to address the current shortfalls,

including the new roles proposed. It was suggested that a visit to a new health centre take place with that at Wellesbourne suggested. Despite numerous efforts, a mutually convenient date and time could not be found for the visit. A further aspect to brief the TFG on was the clear and coherent process for provision of new facilities linked to housing development.

1.3 Evidence Session – 25 May 2022

1.3.1 CCG and LMC Presentation

This provided a comprehensive overview of general practice and the challenges it faces. The presentation included:

- Overview of general practice landscape in Coventry and Warwickshire
- Overview of national policy impacting general practice
- Impact of Covid-19 pandemic on general practice
- Improving timely access to general practice as a national and local priority
- Workforce
- General Practice Estate Planning and Infrastructure Delivery

1.3.2 Learning points from this evidence:

- The presentation gave an understanding of how the services operated, how general practices were funded, workforce models, primary care networks and the additional roles undertaken in general practice. Finally, details were provided of the local communication campaign that was taking place.
- Evidence was provided on the need to manage increasing demand, with reducing resources, through working at scale. The public ‘ask’ of a patient centred approach and continuity of care by the same GP did not fit with the capacity challenges. There is a need for triage to other clinicians and for different methods of delivery than just ‘face to face’ appointments. Tensions are created between commissioners and those related to patient expectation, due to the move to working at scale, as well as political and media messaging. There had been a media campaign to drive face to face access, which conflicted with the national guidance to increase digital access. It was expected that there would be a new approach following the review and stocktake by NHS England, led by Dr Claire Fuller. A full and detailed report was awaited on the priorities for general practice.
- There are many different tiers and bodies involved in the commissioning and delivery of health services. At the national level, from 1st July 2022, a move to ICSs, IC Boards and IC Partnerships. Within the local Coventry and Warwickshire IC System there are four ‘Places’. There are Place Partnership Boards, and a Primary Care Collaborative. More local still are Primary Care Networks (PCNs), which are groups of GP practices. It is a complex system. Reassurance

was provided that the intention was not to move decision making away from the patient.

- A key challenge around stretched resources, both GPs and other clinicians. The focus was on access to services not continuity of which clinician provided that service.
- A recognition that there had been many reorganisations over the years. It was expected that such changes would not only continue but become more frequent.
- Linked to the capacity challenges was a communication piece to inform the public of the reasons why they may be referred to another clinician. There would be new ways of working, an example being group consultations rather than seeing people on an individual basis. This may not suit all patients.
- The impact of the transition to the new ICS. A need for primary care and Public Health to be involved at all levels of the system. This could be an area for monitoring post-implementation to ensure adequacy of representation.
- Similarly, a future action to check where decision making was taking place and how patients were kept involved.
- The Covid-19 pandemic had seen an acceleration of initiatives to address service demands, especially new ways of working through technology.
- Demand for services was continuing to grow, demonstrated by the 515,000 GP appointments in March 2022 across Coventry and Warwickshire, being one in every two residents.
- Many facets of a GP's role were unseen by the media and patients. This was demonstrated by an account from the LMC of a GP's typical day and an iceberg graphic showing the many roles that went unseen. Disparaging comments from the public due to this lack of understanding were hurtful and many GPs were looking to move to other clinical roles. Local evidence showed that 30% of newly qualified doctors had no intention of becoming a GP.
- Data on the funding provided to GP practices, based on a formula, which was around 7% of the total NHS budget.
- The systemic issues impacting on GP services such as patients discharged inappropriately from hospitals and the resultant challenges for GPs in providing care for vulnerable people at home.
- Councillors were asked to use their influence with decision makers.
- A need for a united narrative that primary care delivers the best possible services with the resources currently available.
- A need to think about the workforce and for everyone to take responsibility, including patients.
- Delivery of the services patients needed rather than those they wanted, given the capacity challenges. This could be assisted by more time efficient appointments by telephone or using video technology. There is a need to address the misperceptions created by negative media coverage regarding use of such technology.

- From feedback, it was evident that patients had different views about accessing services. For some access to any GP was sufficient. Some did not like telephone consultations. For others with longer-term conditions, continuity of care was more important with a preference for face-to-face appointments. There was an incremental reduction in face-to-face appointments and personal contact with the GP.
- The PCN approach had a number of benefits from working collaboratively, providing resilience and additional services.
- Infrastructure was being developed or had been put in place to support general practice to work more efficiently. Examples were networks to support the PCN model, and a hub approach to route telephone enquiries for non-urgent matters. A single patient portal was proposed. Patients would be better able to manage their own health enquiries, for general practice, community services or in an acute setting. The exchange of data and information would allow all parts of the health system to see it and provide patients with better care coordination.
- Data on workforce and the current shortage of 7,300 GPs nationally. Aspirations for recruitment and 50 million additional GP appointments. However, there was no national workforce plan to achieve this. Locally the aim was to recruit another 556 full-time equivalent roles to join the general practice workforce by March 2024. Additional roles were being recruited to as part of the PCN approach.
- Detail was provided on general practice estate planning and infrastructure delivery, there being established arrangements between the ICB and planning authorities in relation to securing developer contributions to support general practice infrastructure delivery via both Section 106 and Community Infrastructure Levy regimes. Various areas of challenge were highlighted: finite resources are available and may be called upon to support delivery of many different types of infrastructure; the timeliness of availability of Section 106 funding relating to larger strategic housing development sites which may involve multiple developers and be built out over many years, etc. This may be an area where councillors could bring influence to enhance the existing arrangements.

1.4 Circulation of Supplementary Written Information

1.4.1 Estates Information

Time constraints at the 25th May evidence session limited discussion of the estates aspects, a key part of this review's scope. Therefore, additional written information was requested from ICB colleagues which provided a position update on capacity at the Place and PCN level. For each of the three places of Warwickshire North, Rugby and South Warwickshire, this used a RAG (Red, Amber, Green) rating of capacity at 2021 and that projected for 2031. It showed the GP practices within each PCN, the known housing developments, completed infrastructure development projects (a mixture of new build and extension projects) and proposals to provide additional capacity. It did show

for the majority of PCN areas that the PCN total clinical rooms is currently less than the estimated future (2031) requirement and therefore there is planning and infrastructure delivery work underway to address the shortfall. The ICB provided extensive evidence regarding the systematic approach that it takes in relation to estate planning, which is subject to national legislation, policy and guidance. Progress updates are reported in public to the Commissioning, Planning and Population Health Committee of the ICB Board.

Appendix C - Glossary

Term	Definition
Community Infrastructure Levy (CIL)	A funding mechanism to provide infrastructure linked to planning applications through a fixed tariff based on the floor area of each development by having a list of known projects the CIL is used for
Clinical Commissioning Group (CCG)	An NHS body that funds delivery of services in its locality
DPH	Director of Public Health
GP	General Practice Doctor
Health and Wellbeing Board (HWBB)	The Health and Wellbeing Board is a body comprising key partners from across the health, third sector and local authorities
Healthwatch Warwickshire (HWW)	Healthwatch was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.
Integrated Care Board (ICB)	In July 2022 a revised system was introduced. The ICB is the NHS commissioning organisation. For this review, it is the body responsible for commissioning of general practice services and, associated with this, general practice estate planning and infrastructure delivery.
Integrated Care System (ICS)	In July 2022 a revised system was introduced. ICSs are partnerships of organisations that come together to plan and deliver joined up health and care services.
Local Medical Committee (LMC)	The Local Medical Committee is a representative body comprised of General Practice doctors.
OSC	Overview and Scrutiny Committee. That relevant to this review is Adult Social Care and Health OSC
Primary Care Network (PCN)	These are GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices.
Section 106 contributions	A funding mechanism under planning legislation to provide infrastructure linked to new development. Sometimes abbreviated to S106
Triggers	The point at which infrastructure contributions are due to be provided by the developer
TFG	Task and Finish Group
WCC	Warwickshire County Council
WDC	Warwick District Council - district and borough council representation was sought for this review to give a local perspective.

Appendix D
Scrutiny Action Plan

Recommendation National Issues		PfH Comments	Cabinet Comments	Target Date for Action	Lead Officer	OSC Update	Progress Notes
1.	That coordinated communications activity is undertaken to explain to the public the revised primary care service delivery rationale. This is an area where partners in the local Integrated Care System, including councillors as community leaders and the Health and Wellbeing Board members can assist.						
2	That the ICS includes involvement at all levels of both primary care and Public Health, especially as the new arrangements embed. There is a periodic						

	monitoring role for the commissioning Adult Social Care and Health Overview and Scrutiny Committee (ASC&H OSC) post-implementation to ensure adequacy of representation.						
3	That the Adult Social Care and Health Overview and Scrutiny Committee undertakes periodic monitoring around patient involvement in the new ICS. There were perceived concerns that decision making may be moving away from the patient, which is not the intention.						
4	That periodic engagement is undertaken with the Integrated Care Board (as the body responsible						

	for commissioning of general practice services and, associated with this, general practice estate planning and infrastructure delivery) to understand the delivery progress of its general practice estate programme, details of which were shared with the Task and Finish Group as part of the review..						

Agenda Item 6

Health and Wellbeing Board

24 May 2023

Better Care Fund – End of Year Report 2022/2023

Recommendation

The Health and Wellbeing Board is asked to approve the attached Better Care Fund 2021/22 end of year report, submitted to the national Better Care Fund Team at NHS England.

1. Executive Summary

1.1 The Better Care Fund 2022/23 End of Year Template published on 4 April 2023 sets out the template for Health and Wellbeing Boards to provide end of year reporting on their Better Care Fund (BCF) plans.

1.2 Completed templates are required to be returned by 23 May 2023. We have submitted the template for Warwickshire noting that it is being presented to Warwickshire's Health and Wellbeing Board for formal approval on 24 May 2023.

1.3 Attached to this report is a copy of the completed end of year template which has been prepared on behalf of the Health and Wellbeing Board through the Warwickshire Joint Commissioning Board, as per our current local BCF governance arrangements.

1.4 The end of year report is consistent with the BCF plan for 2022/23 approved by Warwickshire Health and Wellbeing Board on 22 September 2022.

1.5 This BCF policy framework including the conditions and funding for 2023 to 2025 was published on 5 April 2023. Work is currently underway to complete the planning requirements for this period.

2. Financial Implications

2.1 All finances in the end of year report have been prepared by Warwickshire's Finance Sub-Group in which finance leads from both the local authority and Coventry and Warwickshire Integrated Care Board (ICB) are represented.

2.2 The programme and initiatives for its success are in part funded through national grants: Better Care Fund, Improved Better Care Fund (iBCF) and Disabled Facilities Grant.

2.3 The iBCF continues to be temporary although funding has been confirmed for a further two years as outlined in the BCF policy framework for 2023 – 2025. Specific funding to support hospital discharge has also been confirmed for this two-year period though the BCF.

3. Environmental Implications

3.1 None

4. Supporting Information

4.1 The end of year report summarises outputs from Warwickshire's BCF Plan for 2022/23 and provides effective accountability for the funding, information and input for use by national partners and for use in national datasets.

4.2 The report summarises:

- Tab 3: Confirmation of adherence to the National Conditions
- Tab 4: Performance against BCF Metrics
- Tab 5: Actual Income and Expenditure
- Tab 6: Year End Feedback on delivery of the BCF including successes and challenges.
- Tab 7: Adult Social Care Discharge Fund

5. Timescales associated with the decision and next steps

5.1 The BCF end of year report is consistent with the BCF plan for 2022/23 which was approved by the following:

- Warwickshire's Joint Commissioning Board - 17 August 2022
- Warwickshire County Council People Directorate Leadership Team - 31 August 2022
- Warwickshire County Council Corporate Board - 7 August 2022
- Warwickshire County Council Cabinet - 8 August 2022
- Coventry and Warwickshire ICB Finance and Performance Committee - 17 August 2022
- Coventry and Warwickshire ICB - 21 September 2022
- Warwickshire Health and Wellbeing Board - 22 September 2022.

5.2 The BCF for 2022/23 is underpinned by a Section 75 agreement which was signed by Warwickshire County Council and Coventry and Warwickshire Integrated Care Board (ICB) in March 2023.

5.3 Completed templates are required to be returned by 23 May 2023. We have submitted the template for Warwickshire noting that it is being presented to Warwickshire's Health and Wellbeing Board for formal approval on 24 May 2023.

Appendices

1. Appendix 1 – BCF End of Year submission

Background Papers

None.

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The report was circulated to the following members prior to publication:

Local Member(s): None.
Other members: Councillors Bell, Drew, Golby, Holland and Rolfe.

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Better Care Fund 2022-23 End of Year Template

3. National Conditions

Selected Health and Wellbeing Board: Warwickshire

Confirmation of Nation Conditions			Checklist
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in 2022-23:**	Complete:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes		Yes
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes		Yes
3) Agreement to invest in NHS commissioned out of hospital services?	Yes		Yes
4) Plan for improving outcomes for people being discharged from hospital	Yes		Yes

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Better Care Fund 2022-23 End of Year Template

4. Metrics

Selected Health and Wellbeing Board: Warwickshire

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements	Checklist Complete:
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	761.0	On track to meet target	N/a	Current performance 194.4	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	95.5%	On track to meet target	N/a	Currently achieving around 96.00%	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	620	Not on track to meet target	No support required. This is a demand led metric, with an increased number of older people having complex needs which cannot be met in home settings, leading to an increase in the number of admissions.	Current performance at 675.	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	94.2%	Data not available to assess progress	N/a	N/a	Yes

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Better Care Fund 2022-23 End of Year Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board: Warwickshire

Income

	2022-23
Disabled Facilities Grant	£5,124,786
Improved Better Care Fund	£15,133,281
NHS Minimum Fund	£42,782,742
Minimum Sub Total	£63,040,809

	Planned	Actual		
NHS Additional Funding	£112,124,000	Do you wish to change your additional actual NHS funding?	No	
LA Additional Funding	£71,308,000	Do you wish to change your additional actual LA funding?	No	
Additional Sub Total	£183,432,000			£183,432,000

	Planned 22-23	Actual 22-23
Total BCF Pooled Fund	£246,472,809	£246,472,809

ASC Discharge Fund

	Planned	Actual		
LA Plan Spend	£1,862,153	Do you wish to change your additional actual LA funding?	No	
ICB Plan Spend	£4,098,443	Do you wish to change your additional actual ICB funding?	No	
ASC Discharge Fund Total	£5,960,596			£5,960,596

	Planned 22-23	Actual 22-23
BCF + Discharge Fund	£252,433,405	£252,433,405

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23	

Checklist

Complete:

Yes
Yes
Yes
Yes
Yes

Expenditure

	2022-23
Plan	£246,472,809

Do you wish to change your actual BCF expenditure?	No	Yes
Actual		Yes

	ASC Discharge Fund
Plan	£5,960,596

Do you wish to change your actual BCF expenditure?	No	Yes
Actual	£5,134,992	Yes

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23		Yes

Better Care Fund 2022-23 End of Year Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF.
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board: Warwickshire

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response	Checklist Complete:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	The BCF programme and resource remains a priority for our Integrated Care System and is a continued platform for us to work collectively as a system, including avoiding admissions and supporting safe discharge. We have undertaken a review of our BCF and IBCF commitments jointly in 2022/23.	Yes
2. Our BCF schemes were implemented as planned in 2022-23	Strongly Agree	We have implemented our plans and undertaken a joint review focused on our IBCF commitments during 2022/23.	Yes
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Strongly Agree	A key component of the Coventry and Warwickshire ICS, our Warwickshire Care Collaborative consultative forum is now shaping decisions including the BCF. The BCF programme and supporting resources continue to be an enabler for effective system working at pace and place particularly around Hospital Discharge.	Yes

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	
Success 1	6. Good quality and sustainable provider market that can meet demand	We worked transparently and collaboratively with our provider market and with Coventry City Council, the Coventry and Warwickshire ICB and West Midlands ADASS to conduct our fair cost of care exercise and to develop our market sustainability plan.	Yes
Success 2	6. Good quality and sustainable provider market that can meet demand	We have continued to develop and strengthen our discharge to assess and homefirst approach. Our strong health and care partnerships across commissioning and delivery have contributed to Warwickshire being selected as one of 6 national discharge frontrunners with a focus on intermediate care. Consequently, we have been busy developing our new community recovery service offer for Warwickshrie residents being discharged from hospital who need support between January and March 23 to enable go live in April 23.	Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges

Challenge 1	2. Strong, system-wide governance and systems leadership	While responding and taking action to mitigate continued demand on health and care services, winter pressures and strike action our ability to progress delegation of decision making and resource to place based collaboratives at pace has been impacted. As an ICS we have a clear plan for care collaborative develpment to deliver during 23/24.	Yes
Challenge 2	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	The uncertainty and lateness of hospital discharge funding being allocated during 2022/23 impacted on our ability to effectively plan the mobilisation of additional capacity. There has also been a focus on resource to create additional bedded care that is mis-aligned with our home first focus.	Yes

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Other

Agenda Item 7

Health and Wellbeing Board

24 May 2023

Local Area SEND Inspection Update

Recommendation

That the Health and Wellbeing Board endorses the progress made to date to deliver the Written Statement of Action.

1. Executive Summary

1.1 In July 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection in Warwickshire to judge the effectiveness of the partners in the local area in implementing the Special Educational Needs and Disabilities (SEND) reforms as set out in the Children and Families Act 2014. The partners included Warwickshire County Council, the Integrated Care Board (ICB), Public Health, NHS providers, early years settings, schools and further education providers. The inspectors also gathered the views of parent carers, children and young people.

1.2 The inspection report, published in September 2021, noted the positive action and commitment of leadership to improving outcomes for children and young people and that:

- educational outcomes and attendance rates for children and young people with SEND were generally positive;
- a high proportion of young people remained in education, training and employment; and
- fixed term exclusions were below national averages.

1.3 However, the report identified five areas for partners in Warwickshire to address:

- waiting times for autism assessments, and weaknesses in the support for children and young people awaiting assessment and following diagnosis;
- fractured relationships with parents and carers and lack of clear communication and co-production at a strategic level;
- incorrect placement of some children and young people with Education Health and Care (EHC) plans in specialist settings, and mainstream school leaders' understanding of why this needs to be addressed;
- lack of uptake of staff training for mainstream primary and secondary school staff to help them understand and meet the needs of children and young people with SEND; and
- the quality of the online local offer.

1.4 In response to the findings, the partners were required to co-produce an action plan called the Written Statement of Action (WSoA) in consultation with

each other and parent carers outlining how improvements would be made. The WSoA was published on the Council's website in January 2022 following approval by Ofsted and the CQC. It includes an action plan for each of the areas of weakness detailing how and when the concerns will be addressed, and which organisation will lead on each action. Delivery of the WSoA is now underway before the local area is reinspected under a new inspection framework by Ofsted and the CQC (date to be confirmed).

1.5 A communications plan is in place to ensure appropriate engagement in delivering the WSoA with stakeholders across the local area, including schools, parent carers and children and young people. This includes a SEND newsletter, regular webinars and a SEND Local Offer Facebook page (with over 1000 followers).

1.6 Effective governance arrangements are in place with working groups reporting to a joint SEND and Inclusion Steering Group which has partnership accountability for delivering the WSoA and comprises senior leaders from education, social care and health and the chair of Warwickshire Parent Carer Voice (the local parent carer forum); a SEND Member Panel; and regular monitoring meetings with the Department for Education (DfE)/NHS England (NHSE) up to June 2023. In addition, a Self Evaluation Framework document is being updated every six months. The local area will be reinspected to assess if sufficient progress has been made as part of the inspection under the new SEND inspection framework (published January 2023).

1.7 Four monitoring meetings have been held between January 2022 and February 2023, attended by senior leaders from across Education, Social Care and Health, Warwickshire Parent Carer Voice and advisers from DfE and NHSE. The final monitoring meeting will take place on 19th June 2023.

1.8 DfE and NHSE have noted the pace of improvements to date, and that: *'Local area partners are working together effectively to ensure good progress with their Written Statement of Action. The partnership consistently demonstrates high aspirations for children and young people with SEND in their improvement work'.*

1.9 The next steps for the local area include ensuring the improvements are sustained and capturing the impact of the work on children, young people and parent carers, particularly around inclusive practice in schools. This evidence base will go beyond the completion of activities and start to articulate what is different for families in Warwickshire as a result of the work through the Written Statement of Action.

1.10 Progress to date is outlined in Appendix A and summarised below:

Area 1: Autism waiting times and support for families

- Increased capacity in the neurodevelopmental diagnostic service and pre and post diagnostic support, delivering more assessments than planned (3600 delivered compared with 2850 planned from January 2022 to

February 2023) and reducing the longest wait from 242 weeks (January 2022) to an estimated 96 weeks (February 2023).

- Testing new models of assessment to reduce waiting times and improve client experience in a pilot (April to December 2022) which has received positive feedback from families and professionals regarding speed and efficiency of resources.
- Improving information for families including an e-booklet for neurodivergent people and their families, a second autism conference held in Nuneaton in November 2022 (300 people attended), a third conference in Coventry in January 2023 and ongoing delivery of a range of free workshops, webinars and toolkit sessions. 96% of attendees agreed they gained more knowledge about local services; positive feedback includes: *'Help and support seems more available'.* An online portal is now being developed, to go live in May 2023.
- Recommissioning the community support service for neurodivergent people to provide improved pre and post diagnostic support, with the new service starting in April 2023.
- Developing a guide for schools to support neurodivergent children and young people.
- Capacity building in speech and language, occupational health, mental health and emotional wellbeing services so holistic support can be provided by a wide range of professionals.

Area 2: Communication and Engagement with Parent Carers

- Launching the new parent carer forum - Warwickshire Parent Carer Voice and publishing a Partnership Agreement.
- Strengthening coproduction with support from the Council of Disabled Children and setting up a forum for young people with SEND ('IMPACT').
- Launching a SEND Local Offer Facebook page, SEND newsletter and a programme of events including parent carer webinars.
- Publishing 'You Said We Did' reports and recordings of events: https://www.warwickshire.gov.uk/get-involved-say
- Training over 90% of staff in SEND in restorative approaches to create and maintain respectful and trusting relationships with families and schools.
- Coproducing a School Inclusion Charter, guide for parent carers on exclusions, and a Working Together Charter - outlining the commitment to coproduction across education, health and social care.

Area 3 & 4: Inclusion and Workforce Development in Schools

- The Inclusion Framework for Schools project with 17 schools in Rugby is testing a new model of support, to enable early intervention and improve outcomes. It has included SEND audits, staff training and peer to peer support. Evaluation of the project shows an increase in confidence levels in schools to meet the needs of children and young people with SEND and a positive impact on at least 70 young people.
- A workforce development working group including Head Teachers, parent carers and representatives from education, health, social care has

delivered improvements, including appointing Change Champions within School Consortia and Area Networks; coproducing an Inclusion Charter to help embed inclusive practice in schools; and reviewing and promoting training. All SEND training has been collated in one place to make it easier for schools to access. The uptake of training has now increased, notably a quadrupling of free autism training with 138 primary schools (70%) and 17 secondary schools (46%) having completed the training.

- Targeted support and training has been provided to schools including autism training and a pilot on Collaborative and Proactive Solutions with Dr Ross Greene from the USA to help schools with behavioural challenges which can lead to exclusions.

Area 5: Local Offer webpages

- The SEND local offer webpages have continued to be promoted and improved, including presentations to schools, parent carers and GPs, circulating leaflets and a local offer video.
- Visits to the webpages have increased by over 50%. Ongoing coproduction with parent carers is now in place to ensure continuous improvement, and a new role is being introduced to ensure ongoing maintenance, development and promotion of the SEND Local Offer.

2. Financial Implications

2.1 Funding for the County Council's SEND and Inclusion Change Programme is in place, which includes the SEND Local Offer, launch of Warwickshire Parent Carer Voice, Inclusion Framework for Schools and Disagreement Resolution projects. £98,750 of one-off internal funding has also been provided to support delivery of the WSoA from 2022 to 2023 (internal funding agreed as outlined in the Cabinet report in December 2021 from the underspend in the 2021/22 Corporate Services budget and from reserves for 2022/23).

2.2 In 2022, the ICB has provided significant additional investment to increase capacity in the neurodevelopmental diagnostic service and improve pre and post diagnostic support (£2.56m recurring and £5.4m non-recurring over two years). In light of a significant increase in referrals, capacity in the local neurodevelopmental services has been increased on a recurrent basis. Partners are considering the overall, long-term investment needed for autism to support the ambition to create a sustainable model that continues to deliver over the coming years.

3. Environmental Implications

3.1 There are no direct environmental implications arising from this report.

4. Timescales associated with the decision and next steps

4.1 Work will continue with partners to deliver the WSoA and address the significant areas of weakness before the reinspection by Ofsted and the CQC from June 2023. The SEND and Inclusion Steering Group will hold the accountability for developing a delivery plan to address the improvements.

4.2 Equality Impact Assessments are being undertaken for specific projects and workstreams.

Appendices

Appendix 1 – Written Statement of Action Highlight Report.

Background Papers

None.

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Portfolio Holder for Education	Councillor Kam Kaur	kamkaur@warwickshire.gov.uk

The report was circulated to the following other members prior to publication:

Children and Young People Overview and Scrutiny Committee:
Councillors Dahmash, Roodhouse and Brown

Adult Social Care and Health Overview and Scrutiny Committee:
Councillors Golby, Holland, Rolfe and Drew

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Warwickshire

Local Area Written Statement of Action (WSoA) for Special Educational Needs and/or Disabilities (SEND)

Update – March 2023

Contents

Section 1 - Purpose of this Statement

Between 12 to 16 July 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the Warwickshire local area to judge its effectiveness in implementing the special educational needs and disability (SEND) reforms set out in the Children and Families Act 2014. On 23 September 2021 the inspection report for Warwickshire was published and as a result of the findings of this inspection, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action (WSoA) is required to address five significant areas of weakness in the local area's practice.

Warwickshire County Council (WCC) and Coventry and Warwickshire Integrated Care Board (ICB) are jointly responsible for submitting the WSoA which has been produced in conjunction with the Parent Carer Forum, Warwickshire Parent Carer Voice (WPCV).

The local area is committed to improving support, services and provision for children, young people, parents and carers in Warwickshire. We are committed to working in partnership, increasing co-production, and building on the expertise within the system. Since the inspection, senior leaders in WCC and ICB have been working with services and stakeholders to understand the actions we need to take to make improvements. These include parents and carers, staff, the SEND and Inclusion Partnership, and schools and settings.

This is our statement of action. It sets out our vision and priorities, the arrangements for working together to oversee this work, key themes from the inspection, the actions we will take to address the concerns identified by the inspectors and the framework we will use to measure performance.

Section 2 - Vision and Priorities

Warwickshire County Council, the Integrated Care Board (ICB) and Warwickshire Parent Carer Voice have committed to a common SEND vision of ensuring:

'all children and young people have the right to lead a fulfilling life and be part of their community'

The local area is ambitious to do better for all our children, young people and young adults. We want children with SEND to thrive as members of their communities. All partners give priority to the views and aspirations of children, young people, young adults and their parent carers to enable a culture of mutual support, ownership, continuous growth and development. WCC, the ICB and WPCV have formed a SEND and Inclusion Steering Group to provide governance by continuously challenging, supporting and improving the quality of our work and our outcomes. This group also has representatives from mainstream schools, special schools, health providers and the community voluntary sector (CVS). The Schools Forum within Warwickshire also provides robust challenge to WCC in relation to its efficient use of resources.

Although there are many strengths, senior leaders recognise there are areas for further improvement across the system and welcome the feedback from the inspection to provide further focus to deliver our change plans.

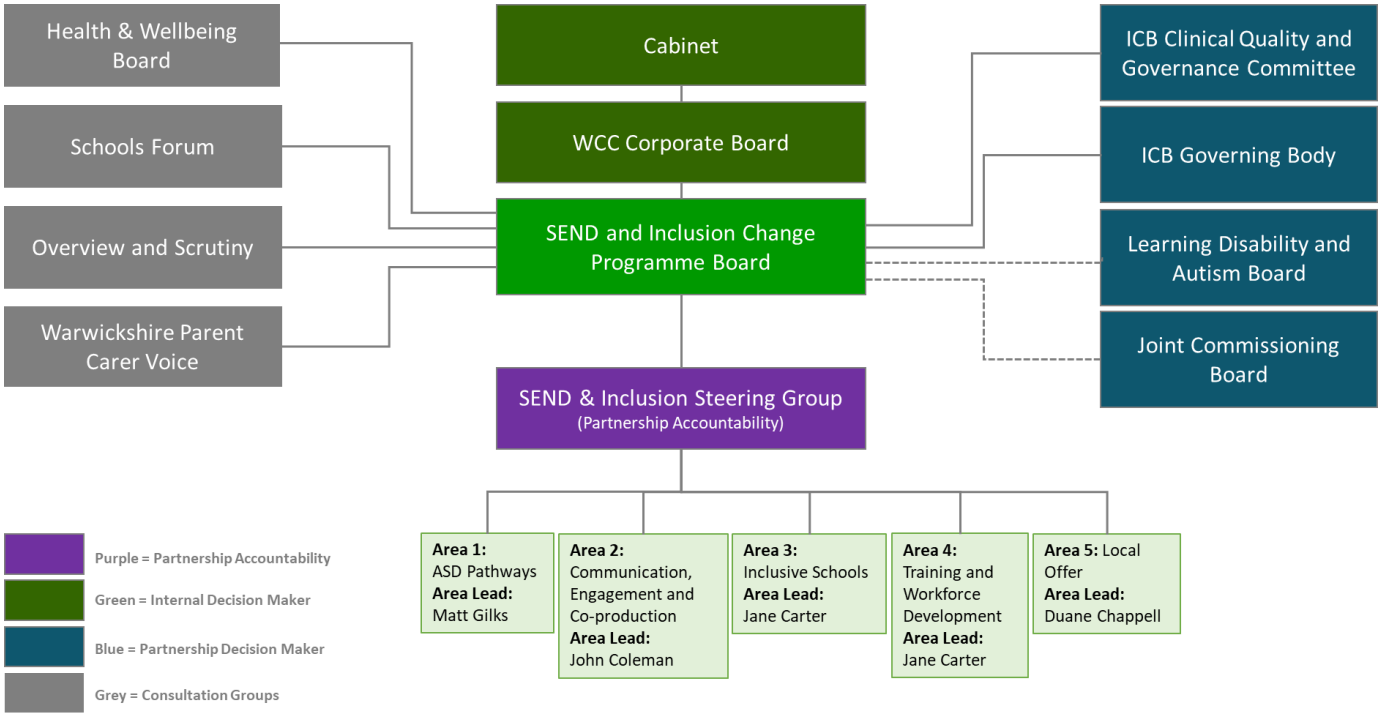
Warwickshire's SEND and Inclusion Strategy sets out the agreed priorities for Children and Young People (CYP) with SEND. The SEND and Inclusion Change Programme builds on those priorities with four areas of focus:

- Improving outcomes for our CYP
- Clear, transparent decision making
- Ensuring systems are sustainable
- Securing education, employment and training for young people with SEND aged 16-25

*For clarity, it should also be noted that the term **'CYP'** refers to children, young people and young adults. CYP with SEND refers to children and young people with Special Educational Needs and/or Disabilities who are supported at either SEN Support or who have an Education Health Care Plan (EHCP). Further terms are included in the glossary.*

Section 3 - Arrangements for Working Together

We will make sure the right people are involved in this written statement of action and our improvement plans. This includes senior leaders, councillors, partners, schools, staff, parents and carers, children, young people and young adults. Improvements will be delivered through a set of workstreams overseen by a joint SEND and Inclusion Steering Group with partnership accountability for delivering the WSoA. The workstreams will report to the SEND and Inclusion Change Programme Board. Progress will also be overseen by WCC Corporate Board and Cabinet, and the ICB Governing Body and Clinical Quality and Governance Committee. The structure below shows how communication, delivery and accountability will work.



In addition to this, we will ensure that the voices of CYP are heard and acted upon. We will work with Warwickshire Parent Carer Voice to co-produce frameworks, and we will listen to feedback to judge the effectiveness of our work. We will also monitor our progress in our joint data dashboard and review regularly our Self Evaluation Framework.

Section 4 - Significant Areas of Weakness

The significant areas of weakness identified by Ofsted and CQC are:

1. The waiting times for autism assessments, and weaknesses in the support for CYP awaiting assessment and following diagnosis of ASD.
2. The fractured relationships with parents and carers and lack of clear communication and co-production at a strategic level.
3. The incorrect placement of some CYP with EHC plans in specialist settings, and mainstream school leaders' understanding of why this needs to be addressed.
4. The lack of uptake of staff training for mainstream primary and secondary school staff to help them understand and meet the needs of CYP with SEND.
5. The quality of the online local offer.

This statement of action describes how the local area will address and improve the above areas.

RAG Ratings: In the following action plans, we will use the following to rate our progress:

Blue: Completed and embedded

Green: On track, no concerns

Amber: On track, some concerns

Red: No progress, major concerns

Grey: Not due yet

Note on Terminology: *There are many terms used to describe autism. In this document we will use the word* ***autism*** *and identity-first terminology* ***'autistic individuals'*** *rather than 'individuals with ASD' or 'individuals with autism') when referring to autistic individuals. This approach is based on research (Autism Journal, 2015) which looked at the preferences of UK autistic community members around language used to describe autism, and is reflected in the national strategy for England (National strategy for autistic children, young-people and adults (2021-26). Unless otherwise stated, reference to "an autistic individual or individuals" includes children, young people and adults of all ages, across the autism spectrum at all levels of intellectual ability.*

Section 5 – Quantitative Summary

Overall we have:		
10 actions	**19** sub actions	**72** measures

Status	Quantity	Percentage
Completed	**43 (38)**	**60% (53%)**
On track, no concerns	**18 (22)**	**25% (31%)**
On track, some concerns	**10 (9)**	**14% (13%)**
No progress, major concerns	**0**	**0**
Not due yet	**1 (3)**	**1% (4%)**

Area 1:	Status	Quantity
2 actions **7** sub actions **15** measures	Completed	4 (4)
	On track, no concerns	9 (9)
	On track, some concerns	2 (1)
	No progress, major concerns	0 (0)
	Not due yet	0 (1)

Area 2:	Status	Quantity
3 actions **5** sub actions **21** measures	Completed	13 (12)
	On track, no concerns	2 (3)
	On track, some concerns	6 (6)
	No progress, major concerns	0 (0)
	Not due yet	0 (0)

Area 3:	Status	Quantity
2 actions **2** sub actions **14** measures	Completed	9 (7)
	On track, no concerns	5 (6)
	On track, some concerns	0 (0)
	No progress, major concerns	0 (0)
	Not due yet	0 (1)

Area 4:	Status	Quantity
2 actions **2** sub actions **10** measures	Completed	7 (5)
	On track, no concerns	2 (4)
	On track, some concerns	0 (0)
	No progress, major concerns	0 (0)
	Not due yet	1 (1)

Area 5:	Status	Quantity
1 action **3** sub actions **12** measures	Completed	10 (10)
	On track, no concerns	0 (0)
	On track, some concerns	2 (2)
	No progress, major concerns	0 (0)
	Not due yet	0 (0)

NB: Numbers in brackets show previous reporting period figures

Section 6 - BRAG on a page

	Action Ref	Action Description	Measures	Progress	Impact
AREA 1: Autism waiting times	1.1.1	Increase capacity for autism diagnostic assessments	1		
	1.1.2	Pilot a differentiated model of assessment	1		
			2		
	1.2.1	Improve the self-help offer	1		
			2		
	1.2.2	Recommission the all-age community support service for neurodivergent individuals	1		
			2		
			3		
	1.2.3	Develop and education lead stepped approach to multiagency support	1		
			2		
	1.2.4	Map demand and capacity of speech and language therapy and occupation therapy services	1		
	1.2.5	Ensure an appropriate and accessible offer in Emotional Wellbeing and Specialist Mental Health Provision	1		
			2		
			3		
			4		
AREA 2: Co-production	2.1.1	Co-produce a framework to strengthen relationships with parents and carers	1		
			2		
			3		
			4		
			5		
			6		
			7		
	2.2.1	Co-produce a communications framework between WCC, ICB and WPCV	1		
			2		
			3		
			4		
			5		
			6		
	2.3.1	Develop a co-production strategy with key stakeholders and WPCV	1		
			2		
			3		
			4		
	2.3.2	Develop an agreement for recruitment activities to include WPCV/CYP	1		
			2		
	2.3.3	Develop an agreement for scoring commissioned services to include WPCV/CYP	1		
			2		
AREA 3: Specialist Schools	3.1.1	Set up an inclusive schools consortia working group to co-produce an inclusion action plan in schools	1		
			2		
			3		
			4		
			5		
			6		
			7		
			8		
	3.2.1	Implement a sustainable inclusion model to ensure the correct placement of children with EHCP's	1		
			2		
			3		
			4		
			5		
			6		
AREA 4: Workforce Development	4.1.1	Co-produce the workforce development action plan with schools	1		
			2		
			3		
			4		
			5		
			6		
	4.2.1	Enable a framework of ongoing challenge and support across mainstream schools	1		
			2		
			3		
			4		
AREA 5: Local Offer	5.1.1	Redesign and update the local offer	1		
			2		
	5.1.2	Launch and promote the online local offer	1		
			2		
			3		
			4		
			5		
			6		
			7		
	5.1.3	Develop and maintain the local offer webpages	1		
			2		
			3		

Section 7 - Local Area Response to Concerns

Area 1: The waiting times for Autism assessments, and weaknesses in the support for children and young people awaiting assessment and following diagnosis of Autism

Senior Responsible Officer – Matt Gilks (Director of Joint Commissioning, CWICB)

Outcomes we will strive for:

- The waiting times for an autism diagnostic assessment are reduced.
- Children, young people, young adults and their families awaiting a diagnostic assessment can access a clear and coordinated pathway of support that meets their needs.
- Children, young people, young adults and their families following diagnosis of autism can access a clear and coordinated pathway of support that meets their needs.

Actions we will take	Lead & Resources	Evidence of success [what will change]	Impact measures [KPIs / targets]	Completion date	Progress Narrative [BRAG]
1.1 Reduce waiting times for autism diagnostic assessments ***I statement: "I can access specialist support to help me to understand my autism and support me with my social, communication, sensory and emotional wellbeing."***					
1.1.1 Increase capacity for diagnostic assessment and post diagnostic support in the neurodevelopmental service to meet demand.	Helen Stephenson Existing resources	The neurodevelopmental service has the capacity to meet ongoing demand for referrals. There is additional capacity commissioned to clear the backlog of individuals awaiting an assessment in line with an agreed trajectory, including post diagnostic interventions where required.	Longest wait for a diagnostic assessment reduced from 242 weeks to 13 weeks or lower Monitored by provider analysis of service data	Sept 2022: 177 weeks June 2023: 125 weeks March 2024: 13 weeks	Children, young people and families now face less of a wait to access an autism diagnostic assessment, with longest wait for a diagnostic autism assessment reduced from 242 weeks in January 2022 to an estimated 96 weeks in February 2023. This has been achieved by commissioning additional capacity from external providers to carry out assessments and increasing capacity in the local specialist service. The system continues to over-perform in the number of assessments it is carrying out, with assessments being delivered by CWPT and a range of commissioned external partners. In February 2023, 287 assessments were planned, yet 340 were delivered. Overall, between January 2022 and February 2023, 2,850 assessments were

					planned however 3600 were delivered. Capacity in the local neurodevelopmental service has been increased on a recurrent basis. Ongoing funding requirements to maintain the improvements in waiting times are being modelled.
1.1.2 Pilot and evaluate a differentiated model of assessment to enable 'straightforward' presentations to be diagnosed outside of the specialist neurodevelopmental service.	Bie Grobet Existing resources	Local area has evidence of effectiveness of different models.	Referrals from mental health service, paediatrics and educational psychology to the specialist neurodevelopmental service for a diagnostic assessment reduce by 10%, allowing autistic CYP to be assessed by a wider range of professionals Monitored by provider analysis of service data	December 2022	*Workstream 1 - Speech and language therapy (SLT), South Warwickshire University Foundation Trust, (SWFT) and Rise across Warks and Coventry.* The pilot has completed and been evaluated. The work undertaken by the Speech and Language Therapy team (SaLT) in Warwickshire has demonstrated that it is possible to develop a set of filters which could be used to identify "straightforward" cases for autism. If these filters were implemented, it is estimated that 6% of new referrals to the Neurodevelopmental team would potentially be able to be assessed by the SaLT team. Of the 6% of new referrals that completed the autism assessment process, a **96% positive diagnosis** rate was attained. Pilot to be extended for exploring the feasibility of supporting the clinicians with administrative support that would coordinate and pull information together, in order to minimise time needed from clinicians. *Workstream 2 - Educational Psychology (EP) Warks, Specialist Teaching Service (STS), Complex Communications Specialist Practitioner (CCSP) CovEP/STS Coventry/Warwickshire –* The Warwickshire team only had one completed case so no conclusions have been drawn from their data. Received positively by Coventry Team (13 cases) and families that this is a positive initiative. Need further work to improve on the pilot. The pilot is to be extended for this workstream. Feedback from parents includes: *"I have learnt more about Autism. I was given leaflets names of organisations where I can get more help. Knowing there is help out there*
		Autistic individuals are diagnosed by professionals outside of the specialist service, including mental health service, paediatrics and educational psychology.	Feedback from autistic CYP and professionals involved show if pre-assessment and post diagnostic support has improved.		

					for us. Thank you for helping us." "The assessment was straightforward and I felt thoroughly listened to and understood even when it was complicated to explain the needs. I think doing the assessments this way, will help a lot of parents and child to either find an answer or understand a decision or diagnosis easier. If the child (like my own) is known to SALT/single clinicians that it also helps the process and assessments so much easier and quicker too. I am very grateful for this process and type of assessment in helping my child and myself." "My son was only waiting a year for his assessment because of this project which was a massive relief for us." "Absolutely pleased with how quick things got sorted ..."
1.2 Develop a pathway of support for children, young people and adults awaiting a diagnostic assessment and/or post autism diagnosis ***I statement "I don't have to wait until I have a diagnosis or am in crisis to get the help I need."***					
1.2.1 Improve the self-help offer through improving awareness of local services and support via an online portal for information and advice, a promotional campaign and conferences to bring together young people, families and support services.	Michelle Cresswell Existing resources Council for Disabled Children (CDC) support	An online information portal is published and promoted widely. A conference is delivered for 300 families (to repeat the successful Together with Autism conference in January 2020).	Increase in number of families and professionals reporting they have accessed useful information and advice in relation to autism diagnosis and support. Monitored via range of mechanisms including conference feedback and volume of traffic to online portal	December 2022	The self-help offer in relation to autism diagnosis and support has been improved through raising awareness of local services and support. A system communications plan in progress that supports the Autism Strategy. Autism strategy priority 1 meeting reviewed the timeframes for the 2022-24 actions and agreed including dates for phase 2 of the improved information and advice offer. Outputs include a comprehensive e-booklet of advice and information for neurodivergent people and their families (launched July 2022); an on-line portal for information and advice; a promotional campaign; and conferences to bring together young people, families and support services. The e-booklet has received over 9000 views (as of 20/1/23). Continued promotion of the e-booklet is ongoing, including in person at the Together with Autism conferences in Nuneaton (19/11/2022) and Coventry on 21/1/2023. Feedback on the conferences was presented at a CWPT workshop on 24/11/2022. 300 people signed up to attend with some examples of the feedback comments shared below regarding the benefits of the

					event: "They're trying to improve everything" "Gaining SO much knowledge, Networking" "Help and support seems more available" On track, to completing the online portal offer via Dimensions by May 2023. CWPT have recruited to an Assistant Psychologist Neurodevelopmental & Mental Health post, (fixed term for 6 months) and is due to start late March 2023, to progress the delivery of the online portal. Additionally, 3 EBE's have also been recruited to be involved in the review of the Dimensions of Health and Wellbeing tool. On track to deliver a printable version of the e-booklet. An easy read version is currently being produced and due to be completed by end of April 2023. FAQs document in process of being updated. A jargon buster resource, focusing on language and terminology, is being prepared following engagement with autistic people and those who care for and support them. This will be launched in WCC learning week in May 2022.
			Increase in knowledge and understanding of the self-help offer from conference attendees, monitored through conference feedback	May 2022	Feedback was obtained and a report prepared including feedback and engagement findings. 96% (n=53) of attendees agreed they gained more knowledge about local services and 98% (n=54) agreed the conference was a useful way to gain knowledge and meet people.
1.2.2 Recommission the all-age community support service for neurodivergent individuals to: - Introduce a single front door for referrals for neurodiversity support and diagnosis to provide	Michelle Cresswell Existing resources Council for Disabled	New single pathway for support and diagnosis is in place. Families and professionals know how to access pre and post assessment and diagnostic support and be	Increase in parents, carers and autistic individuals reporting improved pre and post assessment and diagnostic support, identified via a range of feedback	October 2022 Evaluation by June 2023	On track for the procurement timeline with a contract start date of 1st April 2023. The contract has been awarded and Team is now in mobilisation phase. This will introduce a single front door for referrals for neurodiversity support and diagnosis to provide enhanced triage and ensure individuals are supported while awaiting an assessment, provide advice and navigation for those seeking an assessment, those

enhanced triage and ensure individuals are supported while awaiting a diagnostic assessment - provide an advice and navigation function for individuals seeking an assessment, those diagnosed with autism and their families - provide low and medium level support pre and post diagnosis for young people and families	Children (CDC) support	supported to do so by professionals and services and are also aware of the new local offer webpages.	mechanisms.		diagnosed with autism and their families; and provide low and medium-level support pre and post diagnosis for young people and families. The current provider has agreed to continue delivering the current service until 31st March 2023 to ensure there is no gap in service. The task and finish group overseeing this procurement activity have developed an implementation plan and finalised the performance monitoring and reporting framework. The task and finish group will focus on a comms plan and evaluation framework during the upcoming monthly meetings. Surveys to measure impact closed on 12th March and are due to be analysed in April 2023.
			Increase in % of individuals surveyed who accessed support while awaiting an assessment from a baseline of 52.9% to 70%.	December 2022	
			Decrease in % of professionals surveyed who are not aware of an autism pathway from 27% to 15%. Monitored via staff surveys.	December 2022	
1.2.3 Develop and implement an education-led stepped approach to access multi-agency support for neurodivergent children and young people to enable access to adjustments and support in education pre assessment and post diagnosis.	Duane Chappell, Eve Godwin Existing resources i.e., Specialist Teaching Service, Educational Psychology.	An agreed and published stepped approach is in place with health, social care and education input for autistic children, young people and adults	Reduction in the number of families and professionals who state that a diagnosis is required to access adjustments in education from a baseline of 85% (survey to be repeated December 2022), with the result that CYP in education can more easily have adjustments made in education settings	September 2022	An education stepped approach has been coproduced, including discussing at the Coproduction and Engagement Hub on 13th January 2023, and with IMPACT, head teachers, practitioners and other stakeholders. Due for final sign off end of March 2023. The Emotionally Based School Avoidance project underway and stakeholder surveys shared. The e-booklet also sets out the graduated offer from the system for children and young people with autism. This has been widely promoted.
			Feedback from CYP, parents and professionals on how the education-led stepped approach has improved their outcomes. Monitored via range of mechanisms including staff surveys and service user feedback	March 2023	Evaluation is planned following the launch of the graduated approach for neurodivergent children young people.

1.2.4 Map demand and capacity of Speech and Language Therapy and Occupational Therapy Services to address any gaps in support in the neurodevelopmental pathway.	Natasha Lloyd-Lucas Existing resources Council for Disabled Children (CDC) support	Gaps in specialist support for communication and sensory needs are understood to inform joint commissioning intentions and resource allocation. Proposals are co-produced for speech and language therapy and OT services.	Individuals awaiting an assessment or following a diagnosis report that they have accessed support with communication and sensory needs (via survey December 2022).	August 2022	**Complete.** Mapping demand and capacity of Speech and Language Therapy and Occupational Therapy Services to highlight and raise awareness of any gaps in support in the neurodevelopmental pathway has been completed and solutions and recommendations are being considered. Recommendations presented to the Warwickshire Joint Commissioning Board. Recruitment for Senior Transformation role for Children has taken place.
1.2.5 Ensure there is an appropriate and accessible offer within Emotional Wellbeing and Specialist Mental Health (MH) provision for autistic children, young people and young adults through a combination of staff training and increased joint working between emotional wellbeing, specialist mental health and autism services.	Michelle Rudd Existing resources	Skills audit, competency framework and training plan developed. Training plan delivered to 80% staff including internal and external training, supported by detail from the skills audit and an agreed snapshot from the Neurodevelopment team to consider staff	Staff in emotional wellbeing and specialist MH services are better skilled and able to identify and support autistic individuals, with the result that more autistic CYP are identified and receive support. (Demonstrated by repeating skills audits in February 2022 and March 2023 to measure uptake of autism training and confidence in supporting autistic people.) Autistic CYP and adults who experience poor mental health and wellbeing can access support that is adjusted to meet their needs to prevent their	March 2022 March 2023	**Complete.** Mental Health and Emotional Wellbeing staff have been trained with the support of managers. Ensuring an appropriate and accessible offer within Emotional Wellbeing and Specialist Mental Health (MH) provision for autistic children, young people and young adults through a combination of staff training and increased joint working between emotional wellbeing, specialist mental health and autism services. The skills audit for CYP is complete and the report has been reviewed. There was 61% clinician return which is a positive completion. The skills audit for CYP has considered training (both in house and formal) and the confidence of the clinician to deliver the skill. The 4 key areas that are specific to the WSoA and support Neurodiversity are: 1. Assessment, 2. Neurodiverse history taking, 3. Screening for potential neurodiverse considerations during a MH contact, and 4. MH interventions adapted to a neurodiverse need. Training is now underway.

		experiences.	needs escalating. To be measured through the CORC accredited Routine Outcome Model used in the RISE service to monitor impact of change and service delivery (ORS and SRS). Specific case studies will be developed to demonstrate the experience of autistic CYP within the CORC model. To audit the impact of access to services at an Early Help level aided by the Dimensions tool.		
		Neurodevelopmental liaison roles are in place and working with MH practitioners to identify and support autistic people.		September 2022	**Complete.** • Rise CYP mental health continue to work alongside Neuro service. • Active MDT – presenting needs – actions progress with referral, joint ax, reasonable adjustments. We have reviewed evidence impact 219 consultations Jan July 22 (6-month activity to demonstrate the impact). • New referral consultations = 139; Autism Assessment consultations = 38 (15 of which have been concluded); Advice consultations = 47. • Further differentiation between 'straightforward & complex'; MDT agreement on diagnosis; Professionals report the process is helpful & efficient.
		Autistic individuals and those with lived experience of autism are employed as peer mentors within CWPT.		September 2022	**Complete.** • 1 employed within Adult service under NHSE neuro liaison projects • No current plans for CYP to replicate; Experts by Experience (EBE) are being modeled into the CYP workforce
		To explore increasing the Expert by Experience module that currently is accessible on ESR to promote culture change and increase staff awareness. To be include access barriers.			**Complete.** Request made to LD&A PMO for any detail in the number of RISE staff that have accessed the ESR modules. The current 8 modules as part of the ESR Programme will continue to be encouraged for RISE clinicians. Further discussion required to explore bespoke to CYP MH mirroring, the approach for the adult wards. This will need capacity from the Neuro service to support as the founder of the ESR modules. Priority areas – ED and psychology where formulation is more – these will be our target areas.

		Review staff groups and evaluate training programmes.			**Complete.** Skills audit has been completed as a benchmark. The senior leadership team are analysing the detail.
		To evaluate the usage of the dimensions tool to promote accessibility to MH services at Early help level (PMHT and MHST).			**Complete.** Report provided from the Dimensions shows ongoing use of CWPT staff using the dimensions tool.

Area 2: The fractured relationships with parents and carers and lack of clear communication and co-production at a strategic level

Senior Responsible Officer – John Coleman (Assistant Director, Children and Families, WCC)

Outcomes we will strive for:

- Strengthened relationships with parents and carers to build trust and confidence in the SEND system.
- Effective approach to communication in place with children, young people and their families.
- Whole system approach to co-production at a strategic level with children, young people and their families across Education, Health and Social Care.

Actions we will take	Lead & Resources	Evidence of success [What will change]	Impact measures [KPIs/targets]	Completion date	Progress (BRAG)
2.1 Strengthen relationships with parents and carers ***I statement for Parent Carers "I feel understood, involved, valued and respected"***					
2.1.1 Co-produce a framework to strengthen relationships with parents and carers.	Sam Craven, Jo Hunt Existing resources Council for Disabled Children (CDC) support Contact (charity supporting families with disabled children)	Restorative Framework and staff training in place, with a focus on 'high support and high challenge' to enable productive relationships that lead to positive change.	100% of SEND and Inclusion Service staff attend Restorative Practice training, with further ambition to train health sector staff.	Phased approach by June 2023 (with interim quarterly milestones)	174 (91%) of SEND staff have attended Restorative Practice training to date. SEND leadership team attended two-day Leading Restoratively training in March 2022. Two-day masterclasses for Team Leaders to embed the Restorative Approach also held in July, August and October 2022. Training offered to schools and health practitioners; 112 schools and settings have received training to date. Relational Communication Training delivered with SENDAR as two half day sessions by the Restorative Practice Team on 30th November and 7th December 2022.
			100% of CYP and their families surveyed have a more positive experience working with WCC officers.	June 2023 (interim milestones in July 2022, December 2022)	Positive feedback from families and young people includes: • In June 2022 WPCV reported to the Pilot Ofsted/CQC Inspection that they are 'cautiously optimistic' that services are working towards making changes that are moving in the right direction. • Parent carers have responded positively to parent carer webinars and are appreciative of the information and advice received. Comments include it was 'very informative' and 'very helpful'. Families were clear what to do next and had 'learnt so much', 'I wish I knew this information earlier' and it was 'reassuring and informative' and 'extremely beneficial'. • WPCV have highlighted a concern that the impact of changes is not

					translating to the everyday experience of families. • The Live Feedback Form highlights that timely communication and carrying out the statutory duties are the most frequent themes and frustrations of those that gave feedback. This also reflects the feedback from families shared with WPCV. This continues to inform the focus on delivering Relational Communication with PlanCos and PlanCo Assistants. • Young People involved in IMPACT are positive about engagement. 100% of young people surveyed reported they felt engaged and listened to (sample size of 5). One young person reported 'We are getting there and making progress. Young people are getting more relaxed, growing in confidence and getting more involved'. Young People are having more frequent opportunities to have an influence, including the School Inclusion Charter, Working Together Charter, and setting their own agenda/ developing their own projects. Young People have presented to Overview and Scrutiny, will meet with AD for Education in April and Contribute to the YP Voice Event in May, to share their views & priorities. • In November 2022 a panel of Young People, including two with SEND needs, interviewed candidates for the Assistant Director of Education role. The Young People found this a positive experience, including one who said, 'it was fantastic to be part of the panel'. Young People and WPCV felt their views were heard as their preferred candidate was appointed, which they were 'very happy' about. • Positive feedback on SENDAR including: '*Thank you so much to you and your team for your support over the years, through some quite difficult times'.' Thank you for connecting with the family in such a positive way'*.
	Sam Craven Existing resources SEND & Inclusion Change Programme Phase 2	Plan to strengthen disagreement resolution is implemented, including establishing a baseline.	20% reduction in the number of tribunals registered.	September 2022 (baseline in March 2022)	**Baseline for 2021**: 123 appeals and 231 mediations (Jan-Dec). **Jan to Dec 2022**: 123 appeals and 138 mediations. The total number of appeals to the tribunal in Warwickshire has remained the same in 2022 from 2021, but in the context of a 32% increase in EHC needs assessment requests and a 29% increase in appeals to the SENDIST tribunal nationally. The Disagreements Resolution Project continues to progress with planned work. Surveys have been released to parents, schools and practitioners to obtain feedback on the service. Historical data has been

					assessed in context of the growing service to support in the projects understanding of areas that may need to be reviewed to reduce the number of appeals that occur. 'To Be' Mapping has started and is under review with stakeholders (SENDAR, WPCV & SENDIAS) to support defining the full business case (FBC) and identifying work required to implement a solution as part of the 'Live' project. To Be design is planned to be completed concurrently with survey feedback, data analysis and stakeholder observations which shall be incorporated as the design progresses to deliver the FBC in a timely manner. Work to improve the response to complaints and strengthen communications includes revising SENDAR letters (coproduced with WPCV, SENDIAS and WCC); introducing a SEND Resolution Officer (June 2022); telephoning families to discuss the outcome of High Needs Panels; and listening conversations with families. These measures should help influence the number of tribunals, because issues are highlighted early e.g., missing or lack of information and proposed plans being revised where previous information or intentions are not achievable. Evidence to date shows improvements to families' experience through dialogue. Listening Conversations offered to parent carers with Voice, Influence & Change, with 13 conversations in December 2022 & 5 in February 2023 – offered to learn from their experiences, more are planned. Many conversations also held with families at the Together with Autism Conference 19th November 2022. A project underway on Annual Reviews should also have a positive impact on the number of appeals.
			Families report they are more understood, involved, valued and respected.	December 2022 (interim milestone in July 2022)	**Complete.** Feedback from families is being captured via the live feedback form (launched April 2022) and promoted via social media, local offer, mini-animation and team meetings. WPCV Big Survey (March 2022) also provided baseline information, with an overall satisfaction level of 46%. Evidence from the live feedback form shows improvements to date, based on 163 responses total & 25 in Q1 so far: • *Heard and understood* increase of those who agree from 6% to 23%; however increase in those who neither agree nor disagree from 11% to 23% • *Valued and respected:* increase of those who agree from 6% to 25%, but this has reduced to 14%, but there is an increase from 12% to 33% for neither agree nor disagree. • *Involved*: increase in those who agree from 20% to 52%

					• *Desired outcomes*: increase in those who agree from 9% to 38%
	Sam Craven Existing resources	Mechanism in place to capture the learning from engagement with the Community and Voluntary Sector (CVS).	80% of SEND staff report an increased understanding of what life is like for families with SEND (via focus groups). 'You said, we did' in response to learning from feedback.	December 2022 (interim milestone in July 2022)	**Complete.** 96% of staff report an increased understanding of what life is like for families with SEND (at SEND CPD day in December 2022, with 200 attendees). Closer links have been established with community groups to capture learning. Relationships have been established with 21 organisations as part of setting a Community Voluntary Sector Forum (commenced on 28th September 2022). This will enable a greater range of voices to be heard, by linking with support organisations that families are in touch with. **'You said, we did' feedback** published on the Local Offer.
	Sam Craven Existing resources	Process to capture learning from complaints and feedback is in place.	20% reduction in complaints.	December 2022 (interim milestone in July 2022)	**Baseline**: 100 complaints received in 2021 (Jan-Dec). **December 2022**: 115 complaints received (Jan-Dec 2022). Workshops on complaints have been held including WPCV and SENDIAS to review processes and identify areas for improvement. Learning from complaints has identified 'communications' has a key theme. Activities delivered to help improve the response to complaints and strengthen communication include: revising SENDAR letters, conversations with families to improve relationships and using dialogue to help avoid escalation to complaints, relational communication training with SENDAR teams and the appointment of a new SEND Resolution Officer. Themes and patterns are being identified as learning from the discussions with families. Evidence with families shows examples of conversations to improve relationships and using dialogue to help avoid escalation to complaints, as well as drawing these and patterns as learning from the discussions. Information on complaints from Health Services is also being collated and learning captured. Governance processes around complaints moving forward are to be agreed.
			'You said, we listened' & 'You said, we did' in response to learning from feedback.	February 2022 (milestones in July 2022, Dec 2022)	**Complete. 'You said, we listened'** and **'You said, we did'** reports published on Local Offer (last updated Dec 2022). Feedback is considered by the Area 2 working group, Round Table meetings and Coproduction and Engagement Hub.
2.2 Develop an effective approach to communication with parents and carers					

I statement for Parent Carers "I am given the information I need, when I need it in a format that I can understand"					
2.2.1 Co-produce a Corporate Framework and agreed communications approach between WCC, ICB and WPCV.	Lisa Mowe, Sam Craven	Communication Strategy and Action Plan are in place.	100% of key stakeholders aware of Communication Strategy/Action Plan.	January 2022 (milestones in July 2022, Dec 2022)	**Complete**. Communication Strategy and Action Plan signed off by key stakeholders on the SEND Steering Group (March 2022, updated Sept 2022 and January 2023). External communication is discussed at the SEND Steering Group and Change Hub (both attended by WPCV). Communication methods are outlined in a Themed Planner e.g., newsletter articles, local offer, webinars, events.
		Communications approach in place, to include surveys, engagement programme.	100% increase in communication and engagement activities achieved with CYP and their families (measured through webinars, social media etc.).	February 2022	**Complete**. Significant increase in comms and engagement including: 1. Launch of a monthly SEND Newsletter in November 2021. 2. Regular parent carer webinars. 3. Local Offer Facebook page to communicate more effectively with parent carers/young people. 1000 followers to date. 4. Updates to schools in Heads Up newsletter (c. 2000 views per week). 5. Briefings to SENCos at regular network meetings. 6. Regular news releases e.g., https://www.warwickshire.gov.uk/news/article/2860/new-pilot-set-to-improve-outcomes-for-children-with-special-educational-needs-in-warwickshire Survey in December 2021 to better understand the communication needs of families provided a baseline and identified areas for improvement.
			100% of CYP and their families surveyed report communication is good or better	April 2022	**Complete.** Positive feedback from increased communication including: *"Thank-you, very helpful". "As a SENCo, this has been a very useful webinar to help me disseminate information to my staff and parents and to signpost them to appropriate areas. It seems more user friendly." "It's really helpful to hear and see what is happening to try to change things for the better".* SEND Community Forum has enabled improved communication channels for organisations to raise a concern, which was resolved quickly.
		Communication in place with schools around SEND.	A minimum of 80% of mainstream schools understand the range of services	May 2022	**Complete.** Communication in place with schools on SEND, including meetings with SENCos, Heads Up articles, briefings and focus groups with Head Teachers and surveys. Feedback in April 2022 indicated there was a wide variation in the understanding of the range of services and how to support families, with an average level of 6 out of 10. More work

			and how to support families.		has been done with schools to raise awareness and understanding. In Sept 2002, a poll of school head teachers showed 97% (68) were aware of the local offer, where to find it and the information included.
			80% of parent carers are confident that schools understand the range of services and support for families.	September 2022	In April 2022, the average confidence level of parent carers was 65% in the Rugby Inclusion Framework for Schools trial. Confidence levels resurveyed in early 2023 as part of the project indicated no increase in the average confidence level of parent carers, but a significant increase in those who agreed that the school always does what it is supposed to (from 56.4 to 75.8%), and that they are able to influence decisions about their child's education (from 43 to 60.5%). Feedback via the live feedback form up to September 2022 shows parent carers confidence about schools' awareness of resources and support has increased from 7% to 17% (strongly agree/agree). Local Offer briefings are being provided as part of Area 5, and further communications are being provided to strengthen awareness.
		System for capturing live feedback in place.	100% families consider they are heard and services are better informed by feedback.	September 2022	Live feedback form is capturing feedback from families. By September 2022, more families reported they feel heard and understood (up from 6% to 30%), acknowledge a greater influence (up from 9% to 19.5% for parent carers and 4% to 10% for young people) and have greater optimism for the future (up from 13% to 27%). By end of March 2023 there has been a dip in those reporting they feel heard and understood (down from 30% to 22%), but the number stating they neither agree nor disagree had increased to 22%; a greater involvement in developing plans for their child (up from 30% to 50%). Perception of parents influencing change has dipped (19.5% down to 14%), but neither agree nor disagree has increased (31%). Perception of Young People having an influence has increased to (up from 10% to 18%, plus 23% who neither agree nor disagree).
2.3 Develop a whole system approach to co-production ***I statement for Parent Carers and CYP "I know we are included in the design, development and evaluation of policies and services"***					
2.3.1 Develop a Co-production Strategy with key stakeholders and WPCV.	Shinderpaul Bhangal, Sam Craven Council for Disabled Children Contact	Co-production and Engagement Hub in place to enable engagement with parents, carers, CYP, senior leaders and officers.	100% of WPCV and WCC reps surveyed report that the Co-production and Engagement Hub has increased strategic coproduction with	April 2022 (milestones to review in July 2022, December 2022)	**Complete**. Coproduction and Engagement Hub with parent carers in place (since December 2021). Meets fortnightly and receives updates on projects and proposed changes. A parent panel is also in place, involving 32 parent carers. WPCV reported to the Pilot Ofsted Inspection in July 2022 that they are 'cautiously optimistic' that services are working towards making changes that are moving in the right direction, and 100% of those surveyed agreed that C&E Hub has increased strategic coproduction. Feedback includes:

			parents.		• *"Very interesting to see, after a long hiatus, that the term co-production which came across as confusing and a burden to many professionals in the early days meetings I attended 18 months ago is now understood, accepted, invited and engaging to all those taking part. Absolutely so positive to see the difference that has been made in a relatively short space of time!"* • *"Participating in the Coproduction and Engagement hub has been extremely informative and useful. It is a great way for parent carers to feel informed and to be involved in new and ongoing developments from their very early stages. Parent carers are always treated with the utmost respect and courtesy by officers who work really hard to keep us informed and involved. We also see how the views of parent carers are taken seriously and acted upon. It is a fabulous opportunity."* • *"It's really helpful to have a designated slot in diaries rather than having to constantly be juggling diaries to try and find parent carers to meet with officers. The idea has also been shared with other forums who are looking to try and implement similar."* • *"I think it has been a great place to start in terms of keeping us informed of what is going on but it's too early to say how much impact it's having. I still feel it is a lot of "this is what we are doing what do you think" rather than parent carers being involved from the beginning which would be a much better model of coproduction."* • *"Being involved in coproduction helps me as a parent feel like my views count for a change. Even if things don't change a huge amount, at least they are listening to what I have to say. Otherwise, I feel like my views are irrelevant to the process."* • *"It's really helpful to hear and see what is happening to try to change things for the better. Everyone has been professional and prepared to answer questions we have had".*
		Increased level of oversight, co-production and influence of WPCV and CYP in decision making.	100% of WPCV and CYP surveyed report increased levels of participation and influence in the development and	April 2022	**Complete.** WPCV have developed a meeting feedback form to help illustrate influence on projects. A log of influence is being maintained and feedback captured. 100% of those surveyed agreed that coproduction has increased. WPCV have been involved in areas including: • Meetings with SEND Change Programme to improve communication and provide a forum for WPCV to have a greater

			implementation of projects.		• influence in projects and decision making about methodology of engagement with parent carers. • WPCV met with Inspectors as part of the Pilot SEND inspection. • C&E Hub provides a space for parent carers to have a voice together with other parent carer reps. • Service Reviews. • Emotionally Based School Avoidance. • Transitions Guidance. • Transport Project. • Each area of the WSoA. • Resolving Disagreements Project. • Recommissioning of SENDIAS. • Involved in developing the plans for training on complaints. • Planning and delivering coproduction sessions with Contact and a consistent approach to Coproduction through introduction of the Four Cornerstones and developing the School Inclusion Charter. • Early Years Coproduction Pilot. • Rewriting the SENDAR letters. • Work to update the Partnership Agreement. • Local Offer Event as a parallel session to the YP – MR attended as a Senior Leader and joined the parent carers in this session. Meeting with the Web Team to explore scope for influencing change on the Local Offer Webpages. • Parent Carers involved in 6 recruitment processes. • School Exclusions Film with Warwick University. • Parent Carer Webinars. • Production of neurodevelopment e-booklet. • SALT Needs Assessment and engagement. • Early conversations on EOTAS and developing an EOTAS Policy. • School Inclusion Charter • Working Together Charter Young People have been involved to date with: • Core Group of YP have coproduced the YP Forum for SEND, including name (IMPACT), logo and shared agreement. • 3 recruitment activities. • A session on the Green Paper. • Transitions Project. • Transport Project and contributed to parent carer workshops. • YP Forum informed the decision on structuring the Preparation for Adulthood (PfA) document. 2 young people involved in the PfA

					workstream and coproduced the headings and definitions to be used as part of the PFA guidance document. • Local Offer Event on 30 August, including informing planning for the event, and giving feedback to Senior Leaders and Web Team. • 4 YP evaluated the Autism Experience Bus to inform plans on training staff about sensory processing. YP felt that IMPACT, with Act for Autism, could develop a better training package that would enable whole school training. • YP feedback on the Service Reviews on 15th September 2022. • Attending the Act for Autism Conference to promote IMPACT. • School Inclusion Charter • Working Together Charter • Midlands event - presented their feedback on the experience of meeting with Inspectors • Developing their own project about experience in school
		A platform to capture the voice of children and young people is in place.	100% of CYP surveyed report they are engaged and listened to.	May 2022	**Complete**. Children and Young people's forum for SEND (IMPACT) established in May 2022 to ensure that young people have influence. Membership is increasing. The forum meets monthly to agree a set of shared priorities and respond to the LA's areas of work. Warwickshire Youth Conference held in April with 75 young people including CYP with SEND. Feedback captured and a 'You Said, We Did' log is being maintained. **'You said, we did' feedback.** Feedback includes: "During the inspection there were all these meetings for inspectors to speak to parents, but the opportunities for young people were non-existent. We have come a long way already; it's a lot better." Also: 'We are getting there and making progress. Young people are getting more relaxed, growing in confidence and getting more involved'. Young people spoke to the inspectors as part of the pilot inspection in July 2022, and have been involved in projects on Transport, Transitions and Preparation for Adulthood. Young people met with senior leaders as part of a Local Offer event in August and their feedback on training has influenced the decision to consider alternative options. Young people involved are positive about engagement. 100% of young people surveyed reported they felt engaged and listened to (Sept. 2022 – 5 attendees at the IMPACT session).
		Co-production strategy developed	100% of SEND and Inclusion Staff	September 2022 (interim	Coproduction training sessions delivered at 2 SEND staff conferences with nearly 200 staff attending; positive feedback from attendees.

		and training in place.	attend co-production training. 100% of attendees report increased awareness, understanding and application of Co-production approaches.	milestone July 2022)	Contact were commissioned to deliver Co-production training in July-October 2022 based on the Four Cornerstones model, including a senior leaders workshop in July followed by Masterclasses for staff responsible for embedding in teams in September-October 2022. Coproduction strategy/charter developed based on the Four Cornerstones approach – draft produced and updated following engagement with partners, teams and stakeholders to identify the most appropriate content and layout for the 'Working Together Charter'. Currently with Marcomms for design work (w/c 27th March).
2.3.2 Develop an agreement for recruitment activities to include a member of WPCV and/or young person for operational and strategic SEND roles in WCC and CWICB.	Shinderpaul Bhangal Existing resources	Agreement and plan in place for recruitment for operational and strategic SEND roles to include a member of WPCV and/or CYP.	100% of recruitment activities have involved CYP or parent carers (where appropriate).	December 2022 (interim milestone July 2022)	**Complete.** WPCV and CYP have supported 17 recruitment exercises (and 2 more planned) and been involved in decision making for the following roles to date: AD for Education, Area Business Leads, Senior Plan Coordinator, Post 16 Plan Coordinators, Disability Commissioners, Plan Coordinator Assistants, Tribunal Officer, Inclusive Mentor Apprentices, Post 16 PlanCo's, Team Leader Children with Disabilities Team, Autism Programme Manager, Early Work in IDS, SEND Information Manager, Strategic & Quality Lead. A proposal for renumeration of parent carers was approved in July 2022.
			100% of CYP and parent carers surveyed report they felt listened to, involved in decision making and satisfied with the process.		**Complete.** Feedback on WPCV and Young Person involvement in recruitment activities will be collated ongoing and includes the following to date: • WPCV: "*I felt that I was an integral part of the interview panel*". • *Young Person: "It was really enjoyable. Duane was so understanding and stopped to explain things for me. She showed really good insight. I felt so included and it was very good that they had an understanding of my needs."*
2.3.3 Develop an agreement to include a member of WPCV and/or young person in scoring SEND commissioned services, and also develop a parent and young person inspectors process to form part of our quality assurance functions.	Shinderpaul Bhangal Existing resources	Agreement and plan of activity in place.	100% of commissioning activities have involved CYP or parent carers (where appropriate).	December 2022 (interim milestone July 2022)	**Complete**. A referral process is in place for Commissioning to alert WPCV and/or young people for when SEND commissioned services are being prepared for re-tender. Parent carers have assisted in the Commissioning Co-production & Engagement tender process, re-commissioning of the Key Worker Project and are preparing to be involved in the re-tender process of SENDIASS.
			100% of CYP and parent carers surveyed report they were listened to, involved in decision making and satisfied with	December 2022 (interim milestone July 2022)	Feedback collated to date: 1. Key Worker Pilot Project commissioning - there was a lot of paperwork requiring a lot of time to complete it. Next time the documents need to be provided in paper form because it was harder trying to do it on screen. 2. Co-Production & Engagement Framework - there was a lot less

			the process.		information and feedback was provided on one question. 3. Community Autism Support Service - WPCV Rep agreed that it made sense to split the questions between them and the EbE, but the process for this needs clarifying. 4. Preparation work for the retendering of SEND information, advice and support service. There is still more work to be done on the processes of how parent carers and young people are involved in commissioning.

Area 3: Incorrect placement of some CYP with EHC plans in specialist settings, and mainstream school leaders' understanding of why this needs to be addressed

Senior Responsible Officer – Jane Carter (Education Delivery Lead, SEND and Inclusion, WCC)

Outcomes we will strive for:

- Mainstream school leaders' understanding of why the placement of some children needs to be addressed.
- The correct placement of children and young people with EHC plans.

Actions we will take	Lead & Resources	Evidence of success [what will change]	Impact measures [KPIs/targets]	Completion date	Progress/Impact [BRAG]
3.1 Improve mainstream school leaders' understanding of why the placement of some children needs to be addressed ***I statement for children and young people "People know my needs and I know I am in the right school for me"***					
3.1.1 Set up an Inclusive Schools Consortia Working Group to co-produce an Inclusion Action plan in primary and secondary schools (in collaboration with Area 4). *Notes:* *Any reference to 'Consortia' includes Primary and Secondary area networks.* *'Inclusion Framework' refers to*	Marie Rooney, Darren Barrow Existing resources	Terms of Reference for Inclusive Schools Consortia Working Group in place and roles and responsibilities of Change Agents/ Champions agreed.	100% consortia/ network chairs sign off on Terms of Reference to support inclusion in mainstream schools for CYP with SEND.	March 2022	**Complete**. 100% of all school consortia signed up and roles and responsibilities of Change Agents and Champions agreed. Terms of Reference amended to include maintained nurseries and onsite PVI's.
	Tracey Underwood, SEND & Inclusion Change Programme	Inclusion Framework for schools trial started in the Rugby area.	100% of schools in the trial signed up and needs identified through peer-to-peer audits.	March 2022	**Complete**. 17 schools in the Rugby trial signed up. Whole School SEND Audits have been completed in a peer-to-peer model to identify needs. Staff and parent survey data captured from 100% of schools is being used to identify needs and inform training plans. Evaluation is now underway (March 2023).

the new model of inclusion being developed in the Rugby trial. *'Inclusion Charter' refers to an agreement with schools outlining the vision and principles for inclusion.*	Debbie Hibberd SEND & Inclusion Change Programme	Whole school SEND audit carried out.	100% of participating schools have a baseline report from SEND Audit.	July 2022 (baseline) March 2023 (final review)	Schools in the Inclusion Framework trial have a baseline SEND audit report. Final review being carried out in March 2023, including capturing feedback from school staff and parent carers and evaluation of impact data. As part of SEND service reviews, it is proposed that a Whole School SEND Audit is offered to all schools every 3 years from September 2023.
			Increase in participating schools recording 80% improvement against judgement on previous year.	March 2023	The school categorisation process has been updated to include a section on inclusive provision. Reported as 'Good' for all participating schools to date. Full evaluation of the Inclusive Framework for Schools pilot is now underway. The trial has been highly valued by SENCOs: "Collectively we have a stronger offer in Rugby". Confidence in using the SEND inclusion guidance has increased from 40 to 60% staff rating themselves as confident. For 103 pupils of concern, in 70 cases the level of reported concern reduced during the trial (68%) including improved attendance, reduced risk of exclusion, reduced likelihood of an EHC needs assessment and reduced likelihood of needing specialist provision. The school categorisation process is being further strengthened regarding SEND. Guidance on schools, statutory duties has also been produced.
	Tracey Underwood Existing resources SEND & Inclusion Change Programme	Engagement of CYP and their families (including baselining) to ascertain their level of confidence in mainstream schools to meet the needs of CYP with SEND.	80% of CYP and their families engaged are confident in mainstream schools' ability to meet the needs of CYP with SEND (surveys and focus groups).	March 2022 (baseline). October 2022 and March 2023 (follow up engagement)	In March 2022, the average parental confidence level was 65% in the Inclusion Framework trial (n=179). In March 2023, the average parental confidence level was 65% (n=76) but some significant areas of improvement in those who agreed that the school always does what it is supposed to (from 56.4 to 75.8%), and that they are able to influence decisions about their child's education (from 43 to 60.5%). Qualitative feedback is also being captured.

	Darren Barrow, Debbie Hibberd, Existing resources	Change Agents identified with delegated responsibility to appoint Change Champions (in collaboration with Area 4).	SEND Change Agents in place in schools. Communication with 100% of schools with named SEND Change Champions.	March 2022	**Complete**. 100% of school consortia are signed up and Change Agents and Change Champions are in place. Meetings have been held with Change Agents and Change Champions and Terms of Reference agreed (next meeting on 28th April 2023).
	Debbie Hibberd School Improvement Team	Development and promotion of an Inclusion Charter to Warwickshire's Family of schools via events and briefings (in collaboration with Area 4).	100% of schools receive the Inclusion Charter.	May 2022	**Complete.** The Inclusion charter was finalised in November 2022 and shared with all schools. It was coproduced with schools, parent carers and young people, based on the Four Cornerstones approach. Workshop were held on 1st July 2022 and 23rd September with change agents and champions, Contact and Warwickshire Parent Carer Voice. The charter was presented at the HT conference on 18th October 2022 and updated with feedback from schools, parent carers and young people. A survey to all schools asking for feedback and approval received 88 responses (equating to 38% of primary and secondary schools) with approval from all schools bar one (but offered some positive improvements). Copies of the charter (hard copy and by email) were sent to all schools in November 2022 alongside a news release. Positive feedback has been received from schools and parent carers, with schools pledging their commitment.
	Tracey Underwood, SEND & Inclusion Change Programme	Implementation plan for rollout of Inclusion Framework across Warwickshire agreed with Change Agents/ Champions	100% of Change Agents/Champions agree with the implementation plan for the Inclusion Framework.	April 2023	The Inclusion Framework for Schools trial has received positive feedback from schools and parent carers to date, and evaluation is now underway. A report is due to go to the SEND and Inclusion Change Programme Board in April 2023 for direction on the implementation plan.
3.2 Ensure an ongoing sustainable model for inclusive practice to ensure the correct placement of children and young people with EHC plans ***I statement for children and young people "I feel safe and included in my school"***					
3.2.1 Implement a sustainable Inclusion model to ensure the correct placement of children with EHCP plans (in collaboration with Area 4).	Debbie Hibberd Existing resources plus Organisational Development support	Change Agents and Change Champions work alongside identified schools within consortia to strengthen and embed practice, using assessment criteria.	100% of schools have an identified Change Agent and Champion.	December 2022	**Complete.** 100% of school consortia signed up. Change Agents and Change Champions are in place.

		Re-survey of CYP and their families carried out.	80% improvement in satisfaction of CYP and their families.	March 2023	**Complete.** Feedback from parent carers on the Rugby pilot shows no change in the average level of satisfaction/confidence (65%), but some scores have shown a significant increase including 75.8% of parent carers said that they 'strongly agreed' or 'agreed' that their child's school always does what it is supposed to do (up from 56.4% in March 2022) and 60.5% of parent carers said that they 'strongly agreed' or 'agreed' that they are able to influence decisions about their child's education.
		Succession planning is embedded so Change Agents, Change Champions and SEND SLEs are in place in all mainstream schools.	100% of consortia chairs report that change agents/ champions have had a positive impact.	January 2023 (with interim milestone in December 2022)	**Complete**. Positive feedback from all the SEND champions involved in the Inclusion Framework for Schools trial: *"I have been able to inform schools of the changes and link new materials". "We realised we could meet need following a conversation." "Transition into Year 7 was significantly better this time round, so much more information". "The most inspiring and impactful things for this child came from seeing it work in another school."* Wider feedback sought from all Consortia chairs (January 2023) showed that 80% (n=5) agreed that the change agents/champions have had a positive impact.
	Margot Brown, Debbie Hibberd School Improvement Team	Categorisation process with a section on inclusive provision in place in schools.	Trial categorisation process with 50% of Rugby trial schools carried out.	July 2022	**Complete**. Categorisation proforma has been amended to include specific reference to SEND and SEND audits. SEND audits from the Inclusion Framework trial will be used to inform the SEN section in action plans, and the approach shared with school champions not involved in the trial to share learning. 75% of schools in Rugby trial have completed SEND audits to feed into the categorisation process. The school categorisation process is being further strengthened regarding SEND. Guidance on schools, statutory duties has also been produced. Regular discussions with schools include the following questions: • Has the school carried out a SEND audit? • How is SEND included in the school improvement plan? How is the school embedding the school inclusion charter?
			Evaluation of categorisation process with 100% of trial schools.	December 2022	**Complete.** Categorisation process has been evaluated (January 2023). It has been recognised that the categorisation format needs to be more explicit regarding SEND and it is being strengthened.

			100% Consortia chairs are in agreement with the categorisation allocated to schools to support inclusion in schools for CYP with SEND.	May 2023	Changes to the categorisation process to be agreed with consortia chairs.

Area 4: The lack of uptake of staff training for mainstream primary and secondary school staff to help them understand and meet the needs of CYP with SEND

Senior Responsible Officer - Jane Carter, Education Delivery Lead, SEND and Inclusion, WCC

Outcomes we will strive for:

- School staff are knowledgeable about, and confident in, meeting the needs of CYP with SEND in primary schools.
- School staff are knowledgeable about, and confident in, meeting the needs of CYP with SEND in secondary schools.

Actions we will we take	Lead & Resources	Evidence of success	Impact measures [KPIs/targets]	Completion date	Progress (BRAG)
4.1 Increase knowledge and confidence of primary and secondary school staff in meeting the needs of CYP with SEND ***I statement for children and young people "I know that if I need support that the staff in my school know how to help me"***					
4.1.1 Set up a local workforce development task group to co-produce the workforce development action plan in primary and secondary schools (in collaboration with Area 3).	Marie Rooney SEND & Inclusion Change Programme	Terms of reference for group and action plan with aligned accountability framework agreed and in place.	100% of consortia/ network chairs sign off terms of reference and accountability framework to support inclusion in schools for CYP with SEND.	March 2022	**Complete.** Memorandum of Understanding signed by schools in the Inclusion Framework for Schools trial (Rugby). Terms of Reference agreed for the Multi-agency Working Group for WSoA Areas 3 and 4.
	Marie Rooney SEND & Inclusion Change Programme	Surveys (including baselining) of school staff to measure uptake in training and confidence levels in meeting needs of CYP with SEND.	80% of staff surveyed report they are more confident, knowledgeable, and have increased level of understanding in meeting the needs of CYP with SEND.	March 2022 (baseline) and follow up surveys in Oct 2022 & March 2023	**Complete.** **March 2022**: Confidence levels of staff baselined: Feedback from SENCos showed average confidence level of 6 out of 10. Rugby trial with 17 schools indicated an average confidence level of 67%. Survey to all schools in April 2022 (111 responses, 48% of schools) to assess level of understanding of range of services and how to support families indicated an average score of 6.6 out of 10. **October 2022 update**: 100% of respondents in Rugby trial would recommend the training to a colleague and rated the training as 4.58 out of 5 (5 being very useful). Feedback includes: 'Useful information with examples which really helped. It would be useful for all staff.' 'Some excellent ideas and strategies.' 'Very useful, will be putting some of these tips into practice'.

					March 2023 update: Positive impact in terms of improved confidence of schools staff in supporting CYP with SEND in their mainstream school settings with an average confidence level of 76.3%, up from 67.4%. The aim is that this will in turn increase parent carer confidence and support inclusion of children with SEND. There was statistically significant change in staff confidence in the areas targeted by **SEND Snacks** (training developed for SENCOs to deliver to their staff) i.e. • Confidence **using the SEND inclusion guidance** changed from **40% to 60%** of staff rating themselves as very confident or confident • Confidence **recording and monitoring early intervention** changed from **63.2% to 75.5%** staff rating themselves as very confident or confident • Confidence in **implementing Assess. Plan. Do and Review** changed from **46% to 63.5%** rating themselves as very confident or confident • Confidence in **consistently planning and differentiating** for young people with SEND increased from **61.8% to 73.2%** rating themselves as very confident or confident • Confidence in **managing additional adult support** increased from **52% to 75%** rating themselves as very confident or confident The data also indicates that the trial schools are making more appropriate referrals (suggesting more effective use of the graduated approach to understand longer term need) compared to previous years and to other schools in Warwickshire. Tracking 103 individual pupils of concern over the autumn term showed that in 70 cases the level of reported concern reduced. In particular for 22 young people the level of concern about their attendance reduced; for 17 people the risk of exclusion reduced including 50% of 4 young people rated initially as 'highly likely' to be excluded (two permanent exclusions prevented is a saving of at least £20,000). 9 young people had a reduction in the likelihood of an EHC needs assessment request; of 17 young people highly likely to require specialist provision, 4 had a reduction in likelihood of needing specialist provision. Supervision and training facilitated by EPs over

					the course of the trial positively impacted on at least 70 young people.
	Tracey Underwood SEND & Inclusion Change Programme	Engagement with CYP and their families (including baselining) to ascertain their level of confidence in mainstream schools.	80% parent carers/ CYP engaged report that school staff are more confident and knowledgeable in meeting the needs of CYP with SEND.	March 2022 (baseline) and follow up surveys in Oct 2022 & March 2023	**March 2022:** Baseline of confidence levels from participating schools in the Rugby trial - 65% of parent carers reported that school staff are confident and knowledgeable in meeting needs (March 2022). **October 2022:** Drop-in sessions, parent sessions and coffee mornings held with parent carers in the Rugby trial. Sessions were reported as successful. **March 2023:** Confidence levels resurveyed in early 2023 as part of the project indicated no increase in the average confidence level of parent carers (65%), but a significant increase in those who agreed that the school always does what it is supposed to (from 56.4 to 75.8%), and that they are able to influence decisions about their child's education (from 43 to 60.5%).
	Marie Rooney SEND & Inclusion Change Programme	Programme of targeted support delivered to schools to improve their understanding of how to meet the needs of CYP with SEND.	100% of identified schools within the trial take up relevant training to improve understanding of meeting needs of CYP with SEND.	From April 2022	**Complete.** **Inclusion Framework for School trial** in Rugby - 100% of the schools in the trial took up training including webinars, SEND Snacks and coaching. Areas include: SEND Inclusion Guidance; Differentiation and Scaffolding; Maximising the effective use of Teaching Assistants; and Assess, Plan, Do, Review with particular emphasis on target setting. A library of webinars giving practical advice for a range of SEND needs has also been delivered including literacy, ASD in girls, demand avoidance, ADHD, SEMH, Sensory Needs and links to SALT webinars. Library of Webinars Flyer. In addition, free training on mental health, autism (Autism Education Trust – AET) and restorative practice has been promoted to all schools and take up has increased: **AET training** - 20 schools completed the training last term plus 54 schools are wanting to access the training. **Youth Mental Health First Aid training** - half day MHFA training 106 wanting to access the training (another 400 spots to fill), 137 signed up for mental health lead meeting, 2-day training - 85 staff last school year- 58 staff wanting to access the training this school year (meaning we are 7 staff off the full target of this school year). WCC will be offering a place to all primary and secondary

					mainstream provisions by September 2024. **Youth Mental Health Awareness Training** – offer of 2 free places per education setting (including AP's, colleges and ISP's) being rolled out up to September 2024. 90 places have currently been assigned. Mental health leads network meetings are now held every half term, over 130 settings have signed up to attend. **Lost at Schools** (Collaborative and Proactive Solutions) trial with Dr Ross Greene commenced May 2022. 36 schools signed up with 24 schools involved in the initial phases; positive feedback has been received to date. • Phase 1- completed or nearing completing - 5 schools • Phase 2 - 9 schools nearing completion • Phase 3 - 10 schools at the start of their journey or mid-way through • Phase 4 - 13 schools waiting on start date Meetings are being set up with schools to see how we can support them through and after the project. All current SEND training has been reviewed and workshops held with practitioners and parent carers to agree priority training which has been collated in an interactive slide deck and is being developed into a training portal online. This provides a 'one stop shop' of SEND training for schools.
			80% of delegates attending training report that it gave them a good or better understanding of how to meet the needs of CYP with SEND.	April 2022 with milestone in March 2023	**Complete.** Feedback from training to date includes the following: **Inclusion Framework for School trial:** 100% of respondents in the Rugby trial (17 schools) would recommend the training to a colleague and rated the training as 4.58 out of 5 (5 being very useful). Feedback included: 'Useful information with examples which really helped. It would be useful for all staff.' 'Some excellent ideas and strategies.' 'Very useful, will be putting some of these tips into practice'. **AET Training:** Positive feedback, all attendees rated it as 4 or 5 out of 5. Feedback includes: *'Really good training which open my eyes on different techniques I can use in my work.' 'Very informative training, it has helped my practice enormously.'*

					Mental Health First Aid training: Knowledge and confidence levels increased from 5 to 9/10. "*The instructors were outstanding. They were relatable, knowledgeable and approachable. They had on the ground experience they could relate content to and used real life examples, it wasn't just theory based like some courses.*", "*They worked brilliantly together, were very welcoming and presented the course in a very empathetic manner. It was interesting to hear about their experiences and we all appreciated their anecdotes.*" **Lost at Schools training:** Positive feedback from 100% schools to date including: *'we have found it has had a profound impact on the children.' 'It has opened our eyes about developing children's skills and we are learning more every session'.*
	Marie Rooney SEND & Inclusion Change Programme	SEND training delivered to WCC maintained school Governors.	100% of Governors at trial schools attend training. 90% of attendees agree they are more confident in their role around improving outcomes for CYP with SEND.	October 2022	**Complete.** Initial session delivered to Governors on 12th May 2022 (18 governors signed up) – positive feedback received. Further session delivered on 14th December 2022 (32 Governors signed up – 100% from the trial). 100% of respondents reported their knowledge had improved after the session and they felt more confident in their role around improving outcomes for children and young people with SEND. Governors focus group set up to capture feedback on training needs to help shape future training. Steering group of Governors set up to reassess WCC SEND training to governors. First meeting held in November 2022 and the second meeting scheduled for end of January 2023. Working is being done to provide clear and easily accessible training and guidance to governors on how to monitor SEND in settings. SEND briefing with governors delivered with record attendance. Good discussion and input from governors about challenges and positives of current practice in Warwickshire.
4.2 Utilise the role of the Area Analysis Group (AAG) and Education Challenge Board to enable a framework of ongoing challenge and support across Warwickshire mainstream schools ***I statement for Parent carers, children and young people "I know that schools will try hard and will have to show what they are doing"***					
4.2.1 Develop the role of the Area Analysis Group (AAG) and Education Challenge Board, with an agenda focus on improvements for CYP with	Debbie Hibberd Existing resources	Categorisation process in place to detail the % CYP with EHCP in schools/ academies.	Trial categorisation process with 50% of Rugby trial schools to support inclusion in mainstream	July 2022	**Complete.** Categorisation process now includes a section on SEND. 75% of schools in the Rugby trial have completed their SEND audits to feed into the categorisation process.

SEND (in collaboration with Area 3).			schools for CYP with SEND.		
			Evaluation of categorisation process with 100% of trial schools.	December 2022	**Complete.** Categorisation process has been evaluated (January 2023). It has been recognised that the categorisation format needs to be more explicit regarding SEND and is being strengthened with a separate section.
			% increase in CYP with EHCP in schools/ academies to be in line or above statistical neighbours.	May 2023	Percentage of EHCP population in mainstream settings: 2022: 32.9% 2021: 31.3% *Compared with 33.2% West Midlands, 41.1% national average, 41.4% statistical neighbours.* In Inclusion Framework for Schools trial schools, the number of CYP with an EHCP increased from 151 in 2021/22 to 172 in 2022/23 (16% increase).
	Debbie Hibberd Existing resources	Action plan agreed with schools outlining how they will continue to upskill their workforce to respond to the needs of CYP with SEND.	All schools have an action plan outlining how they will continue to upskill their workforce to meet the needs of CYP with SEND.	May 2023 (interim milestones in July 2022, December 2022)	Interactive slide deck and a training portal online developed where schools can access and view all SEND training (in response to feedback from WCC Schools that it was difficult to find and access training). Positive feedback regarding having training in one place to make planning for staff CPD easier. A question on producing an action plan to upskill the workforce will be included in the categorisation process. To be discussed with SENCOs and consortia chairs.

Area 5: The quality of the online local offer

Senior Responsible Officer - Duane Chappell, Strategy and Commissioning Manager, SEND and Inclusion, WCC

Outcomes we will strive for:

- The quality of the online local offer is fit for purpose.

Actions we will take	Lead & Resources	Evidence of success	Impact measures [KPIs/targets]	Completion date	Progress (BRAG)
5.1 Ensure the quality of the online local offer is fit for purpose ***I statement for Parent Carers "I can find the information I need, and it is easy for me to understand"***					
5.1.1 Re-design and update the online local offer working with children and young people, parents, carers and professionals.	Jo Rolls SEND & Inclusion Change Programme	New local offer pages are developed with CYP, parent carers and professionals.	50% increase in webpage hits to show improved engagement with the local offer webpages.	October 2021 (launch)	**Complete**. New local offer webpages developed with parent carers, young people and professionals and launched on 13th October 2021. 51% increase in visitors to local offer webpages post launch - 2654 visits (November 2021) compared with 1753 visits pre-launch (September 2021).
			Decrease in % of visitors who leave the landing page without progressing further	February 2022	**Complete**. 37% of visitors left the landing page without progressing further in March 2022 (compared with 41% in 2021).
5.1.2 Launch and promote the new online local offer so it is clear to everyone what is available in the local area.	Jo Rolls & Linda Saw SEND & Inclusion Change Programme	New online local offer is live.	50% increase in number of visits to local offer webpages.	November 2021 (plus milestones in July 2022 and December 2022)	**Complete**. 51% increase in visitors to local offer webpages in November 2021 following the launch. 60% increase in the number of visits by the end of July 2022, 85% increase in November/December 2022. Promotion of new local offer webpages including social media, WCC newsletters, email signatures, media releases, WCC news stories, communications shared with partners, promotion via SENDIAS and WPCV, Heads Up newsletter to schools, head teachers conference and presentations to schools. Flyers distributed to GPs, schools, Children and Family Centres and other community venues.
		Landing page is improved including an explanation of the local offer and promotion of SENDIAS.	80% of the feedback on the landing page is rated good or better.	October 2021 (plus milestones in July and December 2022)	**Complete**. The landing page has been improved with feedback from WPCV including an explanation of the local offer, promotion of SENDIAS, the live feedback form and a link to the Dimensions website and e-booklet for neurodivergent people. 47% of respondents rated the local offer as good or better. *NB most comments are about SEND services rather than the Local Offer website.* Further improvements made to the landing page at a meeting with WPCV, ICT and Family Information

					Service in December 2022, with regular monthly review meetings scheduled moving forward. Positive comments on the website include the inclusion of the SEND Search facility, the Reachdeck accessibility tool and interest in the inspection and the positive work being promoted. A support worker rated the website a score of 3 (excellent) with a comment about parent and school support: *"great information and helped my understanding"*.
		Local offer is promoted via a range of platforms e.g., social media, news releases, newsletters, briefings with Head Teachers, SENCOs, WPCV, SENDIAS and professionals.	CYP, parent carers and professionals use the local offer regularly, with increased visits to webpages and feedback captured.	December 2021 (plus milestones in July and December 2022)	**Complete**. Presentations on the local offer have been provided to various stakeholder groups including SENCOs, schools and GPs. Further training for professionals and parent carer webinar held in April 2022, and flyers and posters circulated to schools, GPs, children and family centres and other community venues. Warwickshire SEND local offer Facebook site launched on 17th February 2022 includes promotion of the local offer webpages. There are 822 followers to the site to date. Parent carer webinar feedback: *"It was extremely useful to get this understanding of the background and how to use the local offer."* All webinar recordings and resources are listed in the 'Get involved – have your say' section of the local offer. 60% increase in the number of visits to the local offer by the end of July 2022 and 85% increase November to December 2022. Feedback from children, young people, parent carers and professionals on using the local offer is captured and acted upon, including an event with young people and families held on 30th August 2022.
		Videos of 'What is the local offer?' and 'How to use the local offer' produced and uploaded to webpages.	50% increase in number of visitors to the webpages.	April 2022	**Complete**: 60% increase in the number of visits to the local offer by the end of July 2022 and 85% for Nov/Dec 2022.
			Increased understanding of local offer by CYP, parent carers and professionals (through focus groups).	June 2022	**Complete.** Parent carer webinar in April on the local offer received positive feedback (as above). Successful focus group event held on 30th August to capture feedback from children, young people and families, to inform the next phase of development for the local offer landing page (improved navigation) and young people's information. Professional briefings provided by Family Information Service team on the Local Offer. We will ensure there is ongoing coproduction in

					place with young people, parent carers and professionals so people feel listened to, involved in decision making and satisfied with the process.
		Posters and leaflets are produced and distributed throughout Warwickshire with QR codes e.g., to schools, Children & Family Centres, GPs.	95% of schools, Children & Family Centres, GPs displaying posters/QR codes.	April 2022	**Complete**. Leaflets circulated to display at schools, Children and Family Centres, GPs and other community venues via the Family Information Service outreach team.
			50% of families and professionals contacting the helpline report they accessed useful information from flyers.		It has not been possible to collect feedback on this measure to date. Alternative methods for capturing feedback on the posters and leaflets are being explored.
5.1.3 Develop and maintain the local offer webpages to ensure information is fit for purpose and kept up to date.	Linda Saw SEND & Inclusion Change Programme	Feedback form included on the local offer pages and service users regularly provide feedback.	70% of users can find what they are looking for (shown by the feedback form on the local offer webpages).	December 2021 (plus milestones in July and December 2022)	Action complete (feedback form is included on the local offer webpages) but rated Amber as measure of '70% users can find what they are looking for' has not yet been reached. 50% to date (based on 36 responses). Feedback enables continued improvement of the local offer in line with user needs and includes: "There is comprehensive information – user friendly". "Great information and helped my understanding." Regular meetings with parent carers are in place to discuss development of the local offer. Focus groups on 30th August 2022 created valuable discussion and feedback to enable the creation of a co-production plan moving forward. Monthly meetings now in place with WPCV, ICT and Family Information Service to coproduce improvements moving forward. Improvements have been made to the landing page to improve navigation, and WPCV representative is now more confident that a process is in place to get changes.
		A contact point in each service is in place to ensure the local offer is kept up to date	Local offer is up to date and marketed so that CYP, parent carers and professionals continue to use it and find it helpful.	May 2022	**Complete**. Resource in place to maintain webpages. Contact points established in each service to link with and ensure the local offer is kept up to date. New role of Local Offer Information Manager being recruited to ensure ongoing maintenance and improvements to the Local Offer.
		Ongoing co-production groups for young people, parent carers	100% of young people, parent carers and professionals surveyed	May 2022, December 2022	**Complete**. Focus Group event held on 30th August 2022 to capture feedback from children, young people and families. Forum for young people with SEND ('IMPACT') in place to

		and professionals in place.	feel listened to, involved in decision making and satisfied with the process.		ensure ongoing engagement, and monthly meetings set up with parent carers, WCC SEND staff and ICT team to ensure continuous improvement on the SEND Local Offer. Positive feedback from WPCV representative includes: *'I feel more confident we have a process to get changes.'*

Section 8 - Local Area Monitoring Arrangements

with baselines established open implementation of WSoA and targets agreed by Action Leads as identified within the plan

Monthly	
KPI's	Discussions and challenge held at Education & SEND Senior Management Team and ICB SMT meetings

6-weekly	
WSoA interim reports on Progress	Targeted WSoA updates to SEND and Inclusion Steering Group (exception reporting of issues)

Quarterly	
WSoA reports on progress of actions within plan	Full WSoA update to SEND and Inclusion Board, SEND Member Panel, NHSE and DfE

6-monthly	
Political oversight of WSoA	Full WSoA update to Children and Young People's Overview and Scrutiny Committee

Warwickshire Parent Carer Voice are strategic partners of the SEND and Inclusion Steering Group and Change Programme Board, bringing the voice of our children and young people and their families into our monitoring. We will also, through workstreams and projects, engage our parents and carers in evaluating the progress that we are making on targeted areas, in line with our Written Statement of Action commitments.

Appendix 1 - SEND and Inclusion Steering Group Members

Role	Name	Agency
Strategic Director People	Nigel Minns	WCC
Director of Joint Commissioning	Matt Gilks	CWICB
Head of Transformation	Heather Kelly	CWICB
Warwickshire Parent Carer Voice, Chair	Elaine Lambe	WPCV
Director of Nursing	Fiona Burton/Sarah Moppett	SWFT
Assistant Director Education	Chris Baird	WCC
Strategy and Commissioning Manager, SEND and Inclusion	Duane Chappell	WCC
Assistant Director People, Strategy and Commissioning	Becky Hale	WCC
Assistant Director Children & Families	John Coleman	WCC
Assistant Director People, Adult Social Care (Delivery)	Pete Sidgwick	WCC
Chief Operating Officer	Sonya Gardiner	CWPT
Head Teacher Representative	Matt Bown	WCC (secondment)
Change Delivery Lead	Rachel Barnes	WCC
Programme Manager	Ruth Bell	WCC

Appendix 2 – Area Working Group Members

Role	Name	Agency
Area 1: The waiting times for Autism assessments, and weaknesses in the support for children and young people awaiting assessment and following diagnosis of Autism		
Director of Commissioning	Matt Gilks	CWICB
Associate Director for LD and Autism	Helen Stephenson	CWPT
Warwickshire Parent Carer Voice	Cathy Wassell	WPCV
Senior Joint Commissioner for Learning Disabilities and Autism	Michelle Cresswell	WCC & CWICB
Head of Transformation	Heather Kelly	CWICB
Specialist Teacher and Lead for Autistic Spectrum	Eve Godwin	WCC
Senior Transformation Manager	Natasha Lloyd-Lucas	CWICB
Designated Clinical Officer (DCO) and Consultant Paediatric Community Nurse	David Widdas	SWFT
Lead Commissioner (Family Wellbeing)	Rob Sabin	WCC
RISE Head of Service	Michelle Rudd	CWPT
Area 2: The fractured relationships with parents and carers and lack of clear communication and co-production at a strategic level		
Assistant Director, Children & Families	John Coleman	WCC
Development Team Manager, Children & Families	Jo Hunt	WCC
Voice, Influence and Change Development Officer	Sam Craven	WCC
Head of SENDAR and Strategy Commissioning Lead	Ross Caws	WCC
Delivery Lead - Marketing and Communications	Lisa Mowe	WCC
Warwickshire Parent Carer Voice	Elaine Lambe	WPCV
Head of Transformation (Children and Young People)	Heather Kelly	CWICB
C&F Social Work Operational Team Leader	Shinderpaul Bhangal	WCC
Warwickshire SENDIAS Coordinator	Elaine Harvey	SENDIAS
Area 3: Incorrect placement of some CYP with EHC plans in specialist settings, and mainstream school leaders' understanding of why this needs to be addressed.		
Education Delivery Lead	Jane Carter	WCC
School Improvement Commissioning Lead	Margot Brown	WCC
Warwickshire Parent Carer Voice	Tricia Elliot	WPCV
Principal Educational Psychologist	Tracey Underwood	WCC
Project Manager	Mohammed Abrar	WCC

Area 4: The lack of uptake staff training for mainstream primary and secondary school staff to help them understand and meet the needs of CYP with SEND		
Education Delivery Lead	Jane Carter	WCC
Service Manager for Early Help and Targeted Support Services	Marina Kitchen	WCC
SEND Business Change Lead (Written Statement of Action)	Kirsty Anderson	WCC
School Improvement Lead Commissioner, Education	Debbie Hibberd	WCC
Senior Educational Psychologist	Tracey Underwood	WCC
Senior Joint Commissioner for Learning Disabilities and Autism	Michelle Cresswell	WCC & CWICB
Delivery Lead - Marketing and Communications	Lisa Mowe	WCC
Head Teachers/School Representatives	Julie Miles, Gill Bowser, Jen James, Sam Godfrey, Nick Evans, Matt Bown	Warwickshire schools
Associate Director of Workforce and OD	Mark Ratley	CWPT
Warwickshire Parent Carer Voice	Tricia Elliot	WPCV
Whole School SEND	Alison Parr, Dawn Cranshaw, Conrad Bourne	
Area 5: The quality of the online local offer		
Family Information Service (FIS) Operations Manager	Jo Rolls	WCC
Family Information Service (FIS) Officer	Linda Saw	WCC
Project Manager	Max Beesley	WCC
Manager EMTAS and SEND & Inclusion Change Programme Integrated Services Lead	Tammy Mason	WCC
Warwickshire Parent Carer Voice	Melissa Odling	WPCV

Appendix 3 - Glossary

Abbreviation	Definition	Abbreviation	Definition
AAG	Area Analysis Group (schools)	**DMO**	Designated Medical Officer
AATI	Attachment and Trauma Informed	**DSG**	Dedicated Schools Grant
ABP	Area Behaviour Partnership	**DSL**	Designated Safeguarding Lead
ACEs	Adverse Childhood Experiences	**DSW**	Designated Social Worker
ADHD	Attention Deficit and Hyperactivity Disorder	**EDT**	Emergency Duty Team
AEP	Alternative Education Provision	**EET**	Education Entitlement Team
ALDAAR	Autism & Learning Disability Admission Avoidance Register	**EET**	Education Employment Team
ALT	Acute Liaison Team	**EHCP**	Education, Health and Care Plan
AP	Alternative Provision	**EHCna**	Education Health and Care needs assessment
ASC	Autistic Spectrum Condition	**EHE**	Elective Home Education
ASD	Autistic Spectrum Disorder	**EMTAS**	Ethnic Minorities and Traveler Achievement Service
AQA	Assessment and Qualification Alliance	**ENAS**	Extended Non-Attendance at School
BSL	British Sign Language	**EP**	Educational Psychologist
CAMHS	Child and Adolescent Mental Health Service	**EPS**	Educational Psychology Service
CCN	Community Children's Nursing	**EY**	Early Years
CETRs	Care Education Treatment Reviews	**EYFS**	Early Years Foundation Stage
CHC	Continuing Health Care	**FAP**	Fair Access Protocol
CHSWG	Children's Hearing Service Working Group	**FE**	Further Education
CIN	Child in Need	**FIS**	Family Information Service
CiN	Communication and Interaction Needs	**FLT**	Flex Learning Team
CLA	Child(ren) Looked After	**FTE**	Full-Time Equivalent
CLDT	Community Learning Disability Team	**GCSE**	General Certificate of Secondary Education
CORC	Child Outcomes Research Consortium	**GLD**	Good Level of Development
COVID	Coronavirus Disease	**GP**	General Practitioner
CQC	Care Quality Commission	**GRT**	Gypsy Roma Traveller
CVS	Community Voluntary Sector	**HCP**	Healthy Child Programme
CWICB	Coventry & Warwickshire Integrated Care Board	**HELAC**	Health Looked After Children
CWD	Children with Disabilities	**HI**	Hearing Impairment
CWDT	Children with Disabilities Team	**HV**	Health Visitor
CWPT	Coventry and Warwickshire Partnership Trust	**ICB**	Integrated Care Board
CYP	Children and Young People	**IDACI**	Income Deprivation Affecting Children Index
DCO	Designated Clinical Officer	**IDS**	Integrated Disability Service
DfE	Department for Education	**IEP**	Individual Education Plan

IHCP	Health Care Plan	**QoL**	Quality of Life
ILACS	Inspection of Local Authority Children's Services	**RWM**	Reading, Writing and Maths
ILEAP	Inclusive Leisure Education Activity Project	**SDQ**	Strengths and Difficulties Questionnaire
IPBS	Intensive Positive Behaviour Support	**SEF**	Self-Evaluation Framework
ISP	Independent Specialist Provision	**SEMH**	Social, Emotional and Mental Health
IST	Intensive Support Team	**SEN**	Special Educational Needs
JSNA	Joint Strategic Needs Assessment	**SEND**	Special Educational Needs and Disabilities
KPI	Key Performance Indicator(s)	**SENDAR**	SEND Assessment and Review Service
KS	Key Stage	**SENCO**	Special Educational Needs & Disabilities Coordinator
LA	Local Authority	**SENDIAS**	SEND Information and Advice Service
LD	Learning Disability	**SENS**	SEND Support
LGA	Local Government Association	**SICP**	SEND and Inclusion Change Programme
LTP	Local Transformation Plan	**SN**	School Nurse
MASH	Multi-Agency Safeguarding Hub	**SPA**	Single Point of Access
MEG	Multi-Agency Panel (Health)	**SRS**	Session Rating Scale
NDTI	National Development Team for Inclusion	**STS**	Specialist Teaching Service
NEET	Not in Education, Employment or Training	**SWFT**	South Warwickshire Foundation Trust
NHS	National Health Service	**TCP**	Transforming Care Partnership
ORS	Outcome Rating Scale	**VCS**	Voluntary Community Services
OT	Occupational Therapy	**WCC**	Warwickshire County Council
PACT	Paediatric Autism Communication Therapy	**WincKs**	Warwickshire Inclusion Kitemarking Scheme
PCF	Parent Carer Forum	**WYJS**	Warwickshire Youth Justice Service
PEP	Personal Education Plan	**YP**	Young Person
PVI	Private, Voluntary, and Independent		

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Agenda Item 8

Warwickshire Health and Wellbeing Board Forward Plan 2023/24

Health and Wellbeing Board Bulletin released 5th July 23		
Children and Young People Partnership 20 July 23	Discussion items	
	Special Education Needs and Disabilities (SEND) draft strategy and SEND evaluation	TBC
HWBB sub-committee July 23	Discussion items	
	Better Care Fund Annual Plan Submission – for sign off	Becky Hale
HWBB Sept 23	Discussion items	
	Healthwatch Warwickshire Annual Report	Chris Bain Elizabeth Hancock
	HWB Place Partnerships	TBC
	Coventry and Warwickshire Dementia Strategy – action plan	TBC
	Children and Young People Partnership	Chair TBC
	Update items	
	Safeguarding Board – Annual Report	Amrita Sharma
	Integrated Care Board	Danielle Oum
	Director of Public Health Annual Report 2022 – Progress	Shade Agboola
Health and Wellbeing Board Bulletin released 4th October 2023		
Coventry & Warwickshire Joint Health and Wellbeing Board (Integrated Health and Wellbeing Forum) October 23		
HWBB Jan 23	Discussion items	
	Director of Public Health Annual Report 2023	Shade Agboola
	Joint Strategic Needs Assessment: Healthy Ageing	Duncan Vernon
	Better Care Fund – Annual Planning Report 2022/23	Rachel Briden
	Update items	
	Coventry and Warwickshire Integrated Health and Wellbeing Forum	TBC
	Integrated Care Board	Danielle Oum

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